DOCUMENT RESUME

ED 159 833 EC 112 051

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TITLE	Illinois Department of Children and Family Services Demonstration Training Project of the "We Can Help" Curriculum on Child Abuse and Neglect. Final Report.
INSTITUTION	Illinois State Dept. of Education, Springfield. Div. of Specialized Educational Services.
SPONS AGENCY	National Center on Child Abuse and Neglect (DHEW/OHD), Washington, D.C.
PUB DATE	Dec 77
GRANT	90-C-936
NOTE	107p.
EDRS PRICE	MF-$0.83 HC-$6.01 Plus Postage.
DESCRIPTORS	*Child Abuse; *Curriculum Development; *Curriculum Evaluation; *Identification; Inservice Education; *Institutes (Training Programs); Management; Referral; Reports; Staff Improvement
IDENTIFIERS	Final Reports; Illinois

ABSTRACT

The final report summarizes the activities, findings, and recommendations of an Illinois demonstration project to field test a new curriculum ("We Can Help") on the identification, reporting, referral and case management of child abuse. Sections of the report provide information on the original plan of operations, project staff, planning for implementation, training conducted, curriculum critique, evaluation, and fiscal information. Five recommendations for use of the curriculum are given for such areas as start-up training and inservice training. More than half the report consists of the following appendixes: a summary of training sessions by areas, daily agendas of training sessions, unit descriptions, a listing of potential training audiences, an annotated bibliography of films and filmstrips, a description of stages of normal child development, and project forms. (PHR)

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ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES

DEMONSTRATION TRAINING PROJECT OF THE "WE CAN HELP" CURRICULUM ON CHILD ABUSE AND NEGLECT

Final Report

December 15, 1977

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EC112051

This report was prepared for:

U.S. Department of Health, Education, and Welfare
Office of Human Development
Office of Child Development
Children's Bureau
National Center on Child Abuse and Neglect

Under Grant Number 90-C-936
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FOREWORD

In June, 1976, the Illinois Department of Children and Family Services received one of twenty-two (22) demonstration grants awarded by the National Center on Child Abuse and Neglect. The purpose of the grant was to field-test a new curriculum on the identification, reporting, referral and case management of child abuse and neglect.

Titled "We Can Help. . .", the curriculum is composed of 16 separate units of instruction, which include 11 film strips and six films.

This report summarizes the activities, findings, and recommendations of the project staff. The report covers the period from December 1, 1976 to December 15, 1977.

It is the goal of project staff to provide readers with a basic introduction to the content and utilization of the "We Can Help. . ." curriculum, an understanding of the training activities conducted, and a set of recommendations regarding the future use of the curriculum by the Illinois Department of Children and Family Services.

ACKNOWLEDGMENTS

We would like to acknowledge publicly the efforts of the multitude of persons who provided help and support to project staff.

We would especially like to thank Mrs. Dolores B. Reid, Deputy Director for Program Support Services, Illinois Department of Children and Family Services, for her direction and support.

Also, a very special thanks is extended to all the Area Administrators, Area Coordinators, and planning committees whose input greatly facilitated our efforts.

Last but not least, our thanks are given to the staff of the Office of Community Relations, Department of Children and Family Services, for their efforts in the preparation and reproduction of training materials.

And a very personal thanks to my project associate, Bill Gillis, whose tireless efforts and competence made my tasks easier, and to Jeanie Reavis, our secretary, who always produced high quality work.

Jeff Buhrmann
Project Director

TABLE OF CONTENTS

		Page
I.	Original Plan of Operations	1
II.	Project Staff	3
III.	Planning for Implementation	4
IV.	Training Conducted	7
V.	Curriculum Critique	12
VI.	Evaluation	20
VII.	Fiscal Information	27
VIII.	Recommendations for Future Use	28
	Appendix A: Training Sessions by Area	31
	Appendix B: Daily Agendas	63
	Appendix C: Unit Descriptions	68
	Appendix D: Potential Training Audiences	75
	Appendix E: Annotated Bibliography of Films and Filmstrips	77
	Appendix F: Normal Child Development	82
	Appendix G: Project Forms	93

I. ORIGINAL PLAN OF OPERATIONS

As stated in the grant proposal, the Illinois Department of Children and Family Services (DCFS) intended to use the curriculum as a means for "strengthening the on-going capabilities of Department workers who work with cases concerning child abuse and neglect".

Four major objectives were established:

- To improve trainees' capabilities in the prevention, detection, investigation, and treatment of child abuse and neglect with a collaborative network of inter-agency and inter-disciplinary programs and services;
- To increase knowledge and skills of professional and paraprofessional personnel in the Department and of resource-related agencies and organizations;
- To improve the understanding of child abuse and neglect and establish a commonality of attitude and point of view between and among people and organizations directly concerned with the detection and treatment of problems of child abuse and neglect;
- To test the relative value of centrally-directed staff development programs compared to decentralized staff development programs.

Achievement of these objectives will be discussed later.

At the time of the grant submission, 11 Area offices of DCFS had indicated an interest in participating. These were: Champaign, Chicago (East, West, South), Joliet, Lake-McHenry, Marion, Moline, Rockford, Salem, and Springfield. Additionally, Child Protective Services in Chicago indicated an interest in sending selected personnel to training conducted in the other Chicago Area offices.

Eleven hundred trainees were projected to undergo training. In addition to DCFS direct service staff (social workers, team leaders, resource development personnel, homemakers, advocates, foster parents, etc.), the proposal called for the inclusion of a mix of resource-related professionals and paraprofessionals from law enforcement, court, schools, and other public and voluntary agencies.

Two methods of training were proposed, with individual Areas given the option desired:

- Training-of-trainers (T-T) entailed the training of selected Area staff in use of the curriculum. These staff would then train other Area staff.
- Training direct (T-D) entailed project staff, augmented as necessary, directly training staff in each Area.

The basic plan called for trainees to receive 30 hours of training utilizing Units 1-12 of

the curriculum. This training would occur in two sessions within a month lasting two and a half days each. Additionally, training groups would be reassembled approximately eight (8) weeks after completion for review, evaluation, and feedback.

II. PROJECT STAFF

Mrs. Dolores Reid, ACSW, Deputy Director of Program Support Services, was administratively responsible for planning and implementation of the grant.

As provided, three (3) full-time employees were hired to implement the grant:

Jeff Buhrmann, the project director, a Child Welfare Staff Development Coordinator IV, was responsible for direction, planning, and implementation of the grant. In addition to administrative duties, the project director served as a primary trainer for training events.

Bill Gillis, the project associate, a Child Welfare Staff Development Coordinator II, was responsible for assisting the project director in all aspects of the training project. He also served as a primary trainer for training events.

Jeanie Reavis, a Clerk Steno III, performed all clerical responsibilities for the project.

III. PLANNING FOR IMPLEMENTATION

The project utilized a multi-step process of planning for actual implementation of the grant. It was a process which, from start to finish, was nearly one year in length and sought to maximize the effectiveness of the training by insuring input from local level staff.

When the original request for proposals was issued by the National Center on Child Abuse and Neglect, DCFS queried each Area office as to its interest in participating should DCFS receive one of the grants. The following Area offices indicated a preliminary interest: Champaign, Chicago (East, West, South), Cook County Child Protective Services, Joliet, Lake-McHenry, Marion, Moline, Rockford, Salem, and Springfield.

Following the award of a grant to DCFS and the hiring of a project director, Area offices were again polled by memorandum in December, 1976, as to their interest in participating. In addition tc Area offices which had earlier indicated interest, the Ottawa, Quincy, and Aurora Area offices indicated interest at this time. This brought the total of interested Area offices to 15.

By administrative decision of Mrs. Reid and the project director, it was decided that the 12 Area offices which indicated an initial interest would receive priority for training. The three Area offices indicating interest in response to the second inquiry were told training would be available dependent upon the availability of fiscal resources and time. This decision was made on the basis of the budget line item for travel and on estimates by the project director as to time required to complete planned training.

The third step of planning was on-site visits to each of the 12 selected Area offices. The purpose of the on-site visit was fourfold in nature:

- To gain understanding of the protective service system utilized in each Area office;
- To describe the content of the curriculum and the provisions of the grant;
- To make a preliminary determination of the quantity of training needed by each Area office;
- To discuss such implementation issues as recruitment of trainees, availability of additional resource people, desired frequency of training sessions, training facility availability, etc.

Project staff generally met with a combination of each of the following staff persons: Area Administrator, Area Coordinator, Staff Development Coordinator, Field Office Team Leaders.

Two outcomes, one expected and one somewhat unexpected, occurred as a result of these meetings.

The first outcome, which was anticipated, related to the need for training in content areas addressed by the curriculum. The past three years have been highlighted by a great increase in training in the area of child abuse and neglect. While the areas of identification, reporting, referral, and case management were priority training needs at the time of the nationwide needs assessment which resulted in the "We Can Help..." curriculum, these needs have been significantly tempered by training activities which occurred on an Area-by-Area basis during the three-year period. Thus, the on-site visits revealed a great variation from Area-to-Area as to training needs of staff which could be addressed by the curriculum.

The second outcome, somewhat unanticipated, was that Area staff requested additional time to review the curriculum content and formulate training requests. Project staff hoped that such decisions could be made during the on-site visits. However, this simply could not occur and project staff became convinced that some Area offices did require additional planning time. The result was that timelines and content requirements for Area proposals were established at the meetings, with project staff making a commitment of quick response as to the appropriateness and workability of each Area's proposal upon receipt.

The last step of the planning process involved project staff reviewing each proposal for completeness, formulating budget projections, and formalizing with each Area office the actual schedule of dates for training.

The overall outcome of the above-described planning process was a training program somewhat different from the model described in the grant proposal. While the original intention was to deliver Units 1-12 of the curriculum in each Area office, on-site visits revealed that such training was not universally needed. In one Area, Cook County Protective Services, it was agreed that an alternative training resource, Kirschner Associates, would be utilized.

The end result was that training was planned, on an Area-by-Area basis, to meet the immediate needs of staff. This variation in planned training was discussed with Karen Mitchell, Project Officer, National Center on Child Abuse and Neglect, and met with her approval. Upon approval, project staff began planning and scheduling the actual training sessions.

In implementing and assessing the planning process used, several conclusions about planning were reached:

- Area office staff are extremely leary of staff development activities planned and coordinated by Central Office staff;
- It is erroneous to assume that all of a particular category of staff require the same training;
- It is not productive to coerce staff into participating in training they don't want;

- Any successful staff development must insure significant Area office input as to training needs, content desired, etc.;

- Any Central Office trainers must make themselves knowledgeable about the local service delivery system. Thus, on-site planning visits are critical;

- Timely feedback to information gathered in the planning process is absolutely essential.

IV. TRAINING CONDUCTED

A total of 46 separate training sessions lasting a total of 91 days took place during the project year. Over 1,500 people received training utilizing the "We Can Help..." curriculum, either directly by project staff or by professionals previously trained by project staff (see Table 1 for an analysis).

As was noted earlier, two types of training were offered and delivered by project staff: direct training and training of trainers.

Direct training refers to the project staff instructing trainee groups in the 'We Can Help..." curriculum. Twenty-five direct training sessions were delivered ranging from a half day to three days in length. Of the 25 direct training sessions, eight were a half day in length and were delivered to special groups that requested presentations. They included: Illinois State Police, day care personnel, university classes, and nursing associations. The other seventeen sessions were two- or three-day workshops with Department staff and community professionals.

A training of trainers format was requested and delivered in five DCFS Areas: Lake McHenry, Rockford, Moline, Springfield, and East St. Louis. Training of trainers differs from direct training in that the main objective is to produce a core group of people who understand the training process and can then use the curriculum to directly train field staff. Although some of the material used in the training of trainers was taken from the curriculum, most of the material was put together from other resources. A total of 103 people received training of trainers in sessions ranging from one to eight days in length depending on how in-depth the curriculum content was covered. Refer to Appendix B for examples of daily agendas for direct training and training of trainers. An additional 14 training sessions have been delivered by those people who received training of trainers. These training sessions have reached 308 professionals. An estimated 500 more will be trained in this manner by April 1, 1978. Groups receiving training included staff of hospitals, schools, DCFS, the Illinois Department of Public Aid, and paraprofessionals.

See Appendix A for a detailed description of training efforts in each Area.

The trainee groups varied in each Area from being all DCFS protective service workers or other single-discipline audiences to multi-disciplinary community professionals. Also, the trainee's experience level, amount of previous child abuse and neglect training, and degree of prior involvement with child abuse and neglect cases varied a great deal. See Tables 2-5 for a more detailed analysis of the total trainee population. The information was obtained from the trainees prior to training.

Table 1:

Training Sessions Analysis:

	Direct Training by Project Staff	Training of Trainers by Project Staff	Training by Trainees	TOTAL
Number of Training Sessions	25	7	14	46
Number of Days of Training	43	22	26	91
Number of Trainees	1,098	103	308	1,509
Number of DCFS Staff Trained	341	54	18	413

Table 2:

Trainee's Profession

	Direct Training by Project Staff	Training of Trainers by Project Staff
Education	8.3%	4.6%
Law Enforcement	9.5	1.0
Social Work	30.5	83.0
Health Professions	25.0	4.0
Day Care	16.0	0
Para-Professionals	10.0	5.5
Other	0.7	1.9

Table 3:

Trainee's Previous Child Abuse/Neglect Training (College or On-the-Job)

	Direct Training by Project Staff	Training-of-Trainers by Project Staff
Some Previous CA/N Training	65%	78%
No Previous CA/N Training	35	22

Table 4:

Number of Cases Trainees Were Substantially Involved in During Past Year

	Direct Training by Project Staff	Training-of-Trainers by Project Staff
0	18.0%	12.7%
Under 10	47.0	29.7
10-20	12.4	9.5
21-50	10.6	24.4
51-100	8.9	11.7
100+	3.1	11.7

Table 5:

Number of Years Practicing Their Profession

	Direct Training by Project Staff	Training-of-Trainers by Project Staff
1 or Less	26%	16%
2-5	38	50
6-10	20	21
10-20	12	10
20+	4	3

See Appendix A for specific information regarding training sessions in each Area.

Trainers

Ten people were utilized as resource persons to deliver specialized sections of the "We Can Help. . ." curriculum. These were in addition to the project director and associate who delivered 95 percent of all direct training and training of trainers.

The resource people included five DCFS staff with extensive field experience in all phases of child abuse and neglect cases. These people provided local area information in community workshops as well as special expertise on information pertaining to the courts and sexual abuse.

The other five resource people included an attorney with experience in child abuse cases, two police resource people who assisted in the delivery of material at a police training session, a psychologist who discussed sexual abuse, and the director of the Illinois Office of Education Child Abuse and Neglect Project.

In addition to those resource people utilized in direct training, 10 people who attended training of trainers sessions have organized and conducted child abuse and neglect workshops utilizing the "We Can Help. . ." curriculum.

It is important to note at this point that any person acting as a trainer must not only be knowledgeable on child abuse and neglect, but must also have a sound working knowledge of all aspects of training adults.

The curriculum suggests that an inexperienced trainer can lead a workshop if all the guides are followed in the curriculum. Although very thorough instructions are provided, it is misleading to expect someone with no training experience or background to successfully lead a training session.

For this reason, the focus of all training of trainers workshops was on planning and organizing of a training event, skill development in training techniques, and perhaps most important, the trainer's attitude toward training.

V. CURRICULUM CRITIQUE

As mentioned earlier, the "We Can Help..." curriculum consists of 16 separate instructional units (see Appendix C for unit description). It is a self-contained curriculum in that trainer instructions, resource materials, and audio-visuals are all included.

According to the curriculum, it can be used to:

- Orient new staff members in the identification, reporting, case management, and referral of child abuse and neglect;
- Increase the knowledge and skills of practicing professionals through in-service training;
- Develop knowledge and skills as part of pre-professional training.

The curriculum, which does not focus on treatment, addresses professionals involved in the four primary professions concerned with child abuse and neglect: social work, health and medicine, education, and law enforcement. These generic lables include a myriad of specific professionals for whom the curriculum is appropriate. For a specific list, please see Appendix D.

The critique of the curriculum which follows was derived from three sources:

- Feedback and evaluation by trainees;
- Feedback from project staff of all 22 demonstration projects provided at a consolidation conference held July 24-26, 1977, in Washington, D. C.;
- Experience of project staff with the curriculum.

We will examine the curriculum in terms of its major components: the Identification Sequence (Units 1-6); the Community Response Sequence (Units 7-12) and the Specialized Curriculums for Social Work, Health, Education and Law Enforcement Professionals (Units 13-16). Each component will be addressed in terms of goals of the unit, its strengths and weaknesses, and general comments.

Audio-visuals (see Appendix E) will be discussed in the appropriate sequence.

Identification Sequence

The goals of the Identification Sequence (Units 1-6) are to:

- Improve the ability of professionals and paraprofessions to identify all forms of abuse and neglect;
- Increase the willingness of professionals to identify cases and intervene;

- Encourage a non-punitive approach to intervention in child abuse and neglect cases.

Strengths

The Identification Sequence has numerous strengths, the most significant of which will be discussed here.

The most obvious strength is the combination of activities and content which enable the goals of the sequence to be achieved. Utilizing the various learning configurations and methodologies recommended, the trainer is able to move the training group easily and smoothly through the six units. Of particular value are those activities designed to help trainees identify and understand their feelings about abuse and neglect and the impact personal feelings may have on intervention.

Resource materials provided for both the trainer(s) and trainees are a second strength.

Trainer materials make the curriculum much easier to use and minimize the need for outside preparation, although some is required. Trainee materials, in the form of handouts, are well done and provide a quick reference guide to identification that is practical for day-to-day use.

Audio-visuals are also a strength of this sequence. The filmstrips, in particular, are well done and provide good, accurate information on identification as well as a stimulus to discussion of trainee feelings. The film "Abusive Parents" is also a valuable resource and provides the trainee with insight into the 'why" of abuse and neglect.

The case studies presented for discussion are another strong point. They are realistic and succeed fairly well in raising the difficult issues (e.g., discipline vs. abuse, poverty vs. neglect) faced in the identification process.

Weaknesses

Following are comments on weaknesses, or areas needing improvement, in the Identification Sequence.

Introductory material in Units 1 and 2 needs to be combined and strengthened so as to better establish a framework and atmosphere for training. Currently, this does not happen as often as necessary.

Units 5 (Emotional Maltreatment) and 6 (Sexual Abuse) are somewhat shallow in content and need extensive revision reflecting the growth in knowledge of these forms of maltreatment during the past three years.

Supplementary material on normal child development (see Appendix F as an example) and cultural differences related to family life and parenting styles needs to be added.

While both are identified as critical variables in identification, the curriculum provides very little content on either.

As mentioned earlier, the case studies are a strength. But they are also a weakness in that they tend to represent situations urban in nature. In order to be most useful, there should be a selection of case studies available in each unit representative of urban, sub-urban and rural settings. Such a selection would allow the trainer to choose the case study most appropriate to his/her training group.

Two films in the sequence deserve comment. The first, "Working Together," is recommended for use in Unit 1 as a "hooker" to focus trainees' attention on the problem of abuse and neglect. This film, which depicts efforts of three communities to form multi-disciplinary teams, simply is inappropriate for this purpose. It should not be shown in the Identification Sequence. Rather, it should be limited to showing in Unit 12, where it is appropriate.

The second film, "Sexual Abuse: The Family" is seen as having very little utility and should not be shown. It fails to deal with sexual abuse by primary caretakers (e.g., parents) and offers very little information on either the dynamics or identification of intra-family sexual abuse. It is recommended that the film "Incest: The Victim Nobody Believes" be used instead.

One last comment should be made on audio-visuals. The film "Abusive Parents", while good in content, is somewhat lacking in terms of technical quality as it is a film of a video-tape.

General Comments

The Identification Sequence, despite its current shortcomings, has been the best received of the curriculum components. It presents factual, useful information which the frontline worker can apply on a day-to-day basis.

Additionally, we find that the Identification Sequence, as well as the Community Response Sequence is most effectively used with a multi-disciplinary audience. While effective with a single-disciplinary group, the dialogue and interaction during multi-disciplinary groups seemed to foster increased understanding of the problem as well as understanding of the roles of various professions.

Two notes of caution should be offered about the Identification Sequence. First, some of the audio-visuals present rather provocative pictures of injured children. Anyone utilizing the curriculum should preview the audio-visuals prior to any training to judge the appropriateness for the intended audience. Secondly, the frequency of activities focusing on trainee reaction to and feelings about abuse and neglect necessitates a trainer skilled in small group training techniques.

Community Response Sequence

Goals

The goals for the Community Response Sequence (Units 7-12) are to:

- Present information on the various functions of the community response system;
- Present information on the roles played by the various agencies in that system.

Strengths

The most significant strength of the Community Response Sequence is the systematic manner in which the various functions and professional roles are presented.

Following nicely from the Identification Sequence, the Community Response Sequence presents sound, basic introductory information on system components on reporting, investigation, case planning and referral, the role of the courts and inter-disciplinary efforts. Resource material and activities combine well to identify typical problems within each component and to propose some solutions to those problems.

A second strength relates to the manner in which the curriculum takes material of a general nature and attempts to focus it at the trainees' local community. Several activities are intended to help trainees examine the problems of their own community response system and begin to identify some potential solutions.

A third strength lies in the audio-visuals. Both filmstrips and both films are well done and informative. The last strengths, as identified also in the discussion of the Identification Sequence, are the quality of the trainer and trainee resource materials and the learning methodologies suggested. Both of these areas greatly facilitate the achievement of goals, while also providing trainees with valuable, applicable information.

Weaknesses

The first notable weakness relates to the curriculum's failure to highlight significant practice problems (e.g., feedback to reporters, confidentiality, etc.). Highlighting and providing content on these issues, even if in a basic nature, would greatly strengthen the sequence.

A second problem relates to the applicability of the sequence to single versus multi-disciplinary training groups. The bias of the curriculum is that abuse and neglect are a community problem which dictates a community-wide response involving many different professions and groups. Thus, it is most effective when used with a multi-discipline audience. While it can be effective with a single-discipline audience, the lack of dialogue

which occurs in the single-discipline group inhibits the potential learning and problem-solving capability. Additionally, some activities became meaningless when done with a single-discipline audience. One activity in particular, Activity 3 in Unit 8 on Reporting, needs serious reexamination, if not elimination, if a single-discipline audience is being addressed.

A third weakness is the failure to provide suggestions for solving problems encountered when a community attempts to form a multi-disciplinary child abuse council. It would greatly aid the curriculum if a community planning model, with problem-solving strategies, was added to the curriculum.

General Comments

It is strongly recommended that this sequence always be used in combination with the Identification Sequence. Such a combination results in trainees receiving a sound, basic introduction to the problem of child abuse and neglect, to the components of a community response system, and to the roles various professions should play in that response.

Two notes of caution need to be expressed about the Community Response. First, the material presented is more cognitive-oriented than skill-oriented. While presenting information on what and how various functions should occur the activities are not intended to allow trainees to develop or improve skills. This is addressed in the Specialized curriculums. Secondly, the role play in Unit 10 (Case Planning and Referral) must be handled very delicately. Again, it demands a trainer skilled in managing role plays and small group interaction.

Specialized Curriculum for Social Work Professionals (Unit 13)

While Unit 13 is one part of the Specialized Curriculum component of the curriculum, it is being discussed separately as project staff extensively tested it. Units 14-16 will be discussed together in a general manner as project staff field tested them seldom.

Goals

The goals of Unit 13 are to:

- Increase trainees' knowledge and skills in investigation, social assessment and case planning in cases of child abuse and neglect;
- Increase trainees' knowledge of the legal context of child abuse and neglect and skill as a social work witness;
- Help clarify trainees' roles as social workers in investigating and planning for cases of child abuse and neglect.

Strengths

The most impressive strength of Unit 13 is the systematic, clearly-described models for investigation, social assessment, treatment planning and monitoring. One of the most consistently positive comments from trainees has been that such a systematic presentation greatly facilitated increased understanding of each of these areas.

Related to the first strength, the emphasis placed on monitoring is seen as a strength in itself. Too often this aspect is neglected and/or ignored and the emphasis of the curriculum seems very appropriate and necessary.

A third strength is that trainees are given the opportunity, in skill-building activities, to practice some of the skills needed by good social workers.

A last strength relates to the film, "Presenting the Case." While newer films may exist which present information on court testimony, this film has received good acceptance from training groups, particularly from new, fairly inexperienced social workers.

Weaknesses

One of the strengths, activities in skill-building, is also a weakness. While the curriculum provides for such activities, it is thought that both the number and length of such activities need expansion. Increased skill-building activities, particularly as related to interviewing, seem indicated if we are to increase skills of workers beyond the basic skill level.

A second criticism, mentioned earlier about Units 1-12, applies here: the effectiveness of the curriculum could be greatly increased if major practice issues could be identified and discussed through lecture content and activities.

Third, it is thought that Module 2, Role of the Social Worker in Court, could be strengthened by inclusion of small or large group problem-solving discussions related to court issues. We have used this technique in lieu of the first two (2) activities and found it to be most effective in giving workers help with day-to-day problems.

A fourth area needing attention is the treatment planning model presented. In Unit 10, the model is described as a three-step process while in Module 4 of Unit 13, it becomes a four-step process. Also Unit 10 material strongly emphasizes needs assessment. In Module 4, needs assessment is not mentioned per se; rather the material discusses strengths and problems.

While not disagreeing with either model, it is recommended that Unit 10 and Module 4 material on treatment planning be consistent.

This inconsistency in curriculum content appears also in the area of case monitoring. Again, it is recommended that material in Unit 10 and Module 4 be consistent.

General Comments

General reaction to Unit 13 has been very positive. As mentioned above, it presents material in a systematic manner which is easily understood and grasped. And, if revised consistent with feedback from this project and others, it is thought Unit 13 will enable a worker to progress to the more sophisticated skill level protective service demands.

Specialized Curricula for Medical and Health Professionals (Unit 14) Educators (Unit 15) and Law Enforcement Professionals (Unit 16)

With the exception of Unit 16 on a limited basis, project staff did not field-test Units 14, 15 and 16 in direct training. The Units were discussed in training-of-trainers sessions, so some familiarity with the Units does exist. However, for purposes of this report, project staff has chosen to summarize briefly comments made about these Units at the Consolidation Conference of all 22 projects in July, 1977. Those comments follow, unit by unit.

Unit 14 - Medical and Health Professionals

The major point of critique was that the role of the doctor was emphasized to the exclusion of other health professionals. Also, some important points of omission were identified in such areas as prevention, emotional abuse, mother-infant interaction and treatment.

Unit 15 - Educators

The basic critique of this Unit reveals it simply is not adequately comprehensive. Some areas of suggested expansion include: objectives, intervention rationales, case studies and policy guidelines.

Unit 16 - Law Enforcement Professionals

The Unit was identified, of all four specialized units as needing the most revision and supplementation. Its most glaring weakness is its failure to address law enforcement professionals such as attorneys, probation officers, judges, etc. It is totally police-oriented currently.

Final Comments

In the preceding pages an attempt has been made to accurately describe the strengths and weaknesses of the "We Can Help. . ." curriculum.

The comments, particularly as related to weaknesses, were made as helpful suggestions to those charged with revision of the curriculum and to potential users of the curriculum. The comments should in no way be construed as an indictment; rather, they should be construed as information which will, hopefully, make a good curriculum a better one.

The "We Can Help..." curriculum represents a significant addition to training resources on the problem of child abuse and neglect. Given its focus on identification, reporting, referral and case management, it is comprehensive, adaptable, flexible - all characteristics of an effective, usable curriculum. And the "We Can Help..." curriculum is certainly effective and usable.

VI. EVALUATION

The National Institute for Advanced Studies, Washington, D. C., was in charge of evaluating the child abuse and neglect demonstration grants as well as preparing a formal evaluation of the entire curriculum. NIAS selected eight of the 22 projects to do intensive evaluation. The DCFS project was not one of those selected.

NIAS did provide all projects with a copy of the pre and post-test questionnaires as a basis for evaluating the effectiveness of training and curriculum content. Because of the length of the questionnaire and the fact that all information collected had to be hand-collated by project staff, the entire pre and post-tests were used in only the Marion Area (see Appendix A - Marion Area Training, for analysis of the questionnaire).

Selected trainee information and training session evaluation sections of the pre and post-test were utilized extensively by project staff (see Appendix G for examples). In evaluating the project, the following areas will be discussed: training sessions in terms of curriculum content, training methodology and trainers used, achievement of objectives, and secondary outcomes.

Training Session Evaluations

In discussing the training session evaluations, it is important to note that not all sessions were given formal evaluations. Sessions which were 1/2 day in length for special single-discipline groups other than DCFS staff (e.g., day care personnel, State Police) are not included in the following description of training session evaluations. In general, those special groups rated the presentations higher than DCFS staff.

The evaluation form used consisted of 28 questions which addressed four basic issues:

- General response to training
- Content of "We Can Help. . ." curriculum
- Training techniques and methodologies used
- Trainer behavior

These four areas will be discussed based on the evaluations of the 25 training sessions, both direct training and training-of-trainers, which were comprised largely of DCFS staff.

General Response to Training

These questions dealt with the following:

- Overall evaluation of the training session

- Facilities used for training
- Length of the training session
- Would the trainee recommend the training to one of his colleagues?

All of these questions received very favorable ratings from the trainees. Most thought the training session was good or excellent and about right in length (see table below).

Table 6:

Overall Training Session Evaluation

	Direct Content Training	Training-of-Trainers
Excellent	77%	83%
Good	22	17
Fair	1	0
Poor	0	0

Obtaining facilities for delivering the training was the responsibility of the local DCFS Area. With few exceptions, the training facilities were exceptionally good. Three of the key factors in obtaining facilities which provide a conducive learning atmosphere are: cost of the facility, roominess and comfort, and being free from day-to-day interruptions.

Virtually everyone who received training remarked that they would recommend the section of the curriculum in which they were instructed to their colleagues.

Evaluation of Content

There were several questions on the evaluation form that dealt specifically with the content of the curriculum. While a more in-depth analysis of the curriculum can be found in Section V: Curriculum Critique, general trainee comments will be discussed in regard to the following questions on content:

- How would you rate the relevance of training material used to the issues of child abuse and neglect?
- How would you rate the training materials for understandability?
- Was there specific information or material that was especially valuable? What was it and why was it valuable?

- Did the training omit information or materials that should be included?
- Who should use the material?

The trainees provided excellent feedback on these questions regarding content, giving specific information that was most helpful in improving subsequent training sessions.

All segments of the curriculum presented in direct training sessions--Units 1-12, 13, and 16--were rated as being extremely relevant to issues of child abuse and neglect. Units 1-12 were rated as easy to understand for all audiences. These Units deal specifically with identification and a community's response to cases of child abuse and neglect. They are intended for multi-disciplinary audiences. Our experience indicates that they are indeed appropriate and most valuable when used with a multi-disciplinary audience. Unit 13, Specialized Social Work Curriculum, was rated as a little more difficult to understand, but dealt with more case specific information on investigating, juvenile court, and case planning.

Virtually all trainees indicated that they found some specific information as especially valuable. The comments ranged from all of the resource material handed out and the audio-visuals, to specific information or materials on physical and behavior indicators of abused and neglected children, the legal aspects, case planning information, role playing and working in small groups. Many reasons were given for why the material or information was valuable; the two most common responses were that information related to situations with which people work daily and that the resource material is something they could refer to later.

Although relatively few trainees indicated there was additional information that should have been included, those who did so provided a consistent response:

- Treatment information.
- More information on sexual abuse.
- A section on practice problems (interviewing).

In regards to the question on who should use the training material, the three most frequently mentioned groups of people were:

- All professionals who deal with abused and neglected children.
- New DCFS employees.
- Graduate schools of social work.

Training Techniques and Methodologies

The curriculum provides a balance of activities which address the three learning domains:

cognitive, skill, and affective. It effectively utilizes lectures, audio-visuals, and resource papers to convey significant information that can then be used in small group skill building activities. Trainees are also asked to examine their feelings and attitudes in relation to how they might affect the trainee's ability to deal with cases of abuse or neglect.

Those questions pertaining to training methodologies and techniques received very favorable comments. Most trainees noted that the variety of activities was not only conducive to learning, but also made it much easier to digest, especially over a three-day session. Specific comments about role plays, small group activities, and dyads were most positive. Few changes in the format or cautions on utilization were raised. Again, those mentioned were valid: the trainers should be skilled in techniques used, and more agencies and supervisors should be included.

Evaluation of Trainer's Behavior

The evaluation of trainers was an integral part of the overall training sessions and provided project staff with feedback on improving performance. The questions dealt specifically with the following issues:

- Did the trainers understand problems you deal with on a daily basis?
- Were the trainers interested in seeing you learn?
- Rate the trainers in:
    a. Competence in their field.
    b. Understandability.
    c. Response to questions/problems.
- General comments about trainers.

Trainees consistently indicated that the trainers did understand the day-to-day problems and were interested in seeing trainees learn. Additionally, trainees felt that the trainers were competent, easily understandable, and dealt fully with issues and questions raised. General comments were positive and reflected in the final question on the evaluation, when 99 percent of all trainees indicated they would recommend the training session to their colleagues.

A more detailed statistical analysis of trainee evaluations is found in Appendix A, the Marion Area. Complete statistical information is available from DCFS project staff.

Objective Achievement

The project's four objectives were stated on page one of this report. Information for assessing achievement of them came from three sources:

- Training session evaluations.
- Pre-tests and post-tests.
- Post-training on-site visits.

The first three objectives will be discussed simultaneously as increased knowledge and skills are related to improved understanding; and both are related to the development of increased capabilities.

Almost without exception, training sessions evaluations reflect that trainees thought they were introduced to information which was new or presented in such a way as to improve the trainees' understanding of particular aspects of abuse and neglect. So, by self-evaluation, the trainees felt they had increased their knowledge and skills understanding, and capabilities.

The results of the pre-test and post-test data from the Marion Area office training also reveal evidence of objective achievement, as evidenced by the following data.

One hundred percent of the trainees reported an increase in confidence and knowledge in dealing with basic activities in cases of abuse and neglect. Some 89 percent of the trainees reported an increase in knowledge required to perform activities related to abuse and neglect, while 86 percent reported increased confidence in performing those activities.

Also, trainee responses to multiple-choice questions reflected a 53 percent increase in family-supportive type attitudes.

Post-training on-site visits also provided data needed to assess objective achievement. These visits occurred in all but one Area office which received training.

Feedback received consistently points to increased knowledge and skill in dealing with abuse and neglect. While varying levels of increased knowledge and skill were noted, every Area office reported that training had proved valuable to staff.

Although recognizing some variance in the level of achievement objective-to-objective, project staff is confident, based on the above data, in stating that the project's first three objectives were achieved.

The critical consideration in assessing the fourth objective--the relative value of centrally-directed versus decentralized staff development programs--is the effectiveness with which training enables staff to develop the knowledge and skills necessary to perform their duties in a manner consistent with sound casework practice and the goals of

the organization.

Centrally-directed and decentralized staff development both have advantages and disadvantages. On the one hand, centrally-directed training allows for a more consistent use of content, materials, and methods, as trainers generally have training as their primary responsibility. Thus, they have more time to plan and prepare and should also develop expertise as trainers. By the same token, however, being detached from day-to-day direct service responsibility can cause a person to "lose touch" with the very essence of daily problems confronting the frontline worker.

Decentralized staff development, on the other hand, allows the trainer to develop the intimate knowledge and understanding of day-to-day problems and unique characteristics which are critical to successful training. On the negative side, however, decentralized staff development may not produce the consistence of content, materials, and methods which the organization desires.

It is the contention of project staff that both centrally-directed and decentralized staff development can be effective. In fact, it will probably be a combination of the two styles which would produce the most effective staff development program.

Regardless of what strategy is used, effective planning seems to be the most critical variable in assuring a quality staff development program. Sound planning produced the input from which needs are identified, goals and objectives written, content and methods selected and evaluation criteria established. Thus, good planning facilitates the assessment of effectiveness.

Secondary Outcomes

In addition to the expected outcomes of the project, two secondary or incidental outcomes have occurred as a result of the project.

The first relates to the area of improved inter-agency relationships. A frequent report from Areas in which multi-disciplinary training was conducted is that improved understanding and relationships between agencies have occurred.

The second outcome relates to the development of community training teams in the Lake-McHenry, Rockford, Moline, and Springfield Areas of DCFS. As a result of training-of-trainers in each of these Areas, several two-or three-person training teams in each Area were developed to conduct training for other segments of the community. The teams will allow for greater training coverage while allowing for a sharing of training responsibilities.

Summary Comments

During the project year, some 1,500 persons were exposed to content in the "We Can Help..." curriculum. While we cannot measure the total impact of that training, we

are confident that the knowledge and skills of trainees has been increased. Thus, based on evaluation data and feedback from training groups, it is the contention of staff that the project has been a success.

VII. FISCAL INFORMATION

The total monetary grant to DCFS was $65,000 for one year. This award was intended to cover all expenses incurred by project staff during the project year.

Additionally, DCFS received two complete sets of the written curriculum materials with the accompanying audio-visual materials.

Major expenditures of the project--excluding salaries, fringe benefits, and travel were in the areas of printing and equipment.

Project staff purchased with grant monies a 16mm Bell and Howell movie projector, a DuKane Super/Micromatic filmstrip projector, and an easel stand.

The cost of reproducing training materials represented a second significant expenditure. In addition to this report, three types of material were printed:

- Direct training handouts.
- Training-of-trainers handouts.
- Complete sets of the curriculum.

Direct training handouts were those resource materials given to participants who received training directly by project staff. Additionally, a moderate supply of trainee handouts from Units 1-16 were reproduced for future use.

Training-of-trainers material represents resource material on the training process as well as copies of trainee handouts from Units 1-13 for use by the trained trainers when they conduct training.

At least one copy of the entire curriculum (written materials) was made available to each Area office of DCFS.

Including the final report, project staff were able to reproduce nearly 250,000 pages of training materials.

Inquiries about audio-visuals or the training materials available in Central Office should be directed to DCFS, Program Support Services, 1 North Old State Capitol Plaza, Springfield, Illinois 62706.

VIII. RECOMMENDATIONS FOR FUTURE USE

The "We Can Help. . ." curriculum on the identification, reporting, referral, and case management of child abuse and neglect represents a significant addition to the training resources dealing with child abuse and neglect.

It is a curriculum which can be used in a variety of ways for a variety of audiences. Project staff thought this potential usefulness needed to be clearly delineated in a set of recommendations for the use of the curriculum on an on-going basis by the Illinois Department of Children and Family Services.

Following are five specific recommendations for use of the curriculum:

- Start-up Training: It is recommended that all new direct service workers receive start-up training utilizing the Identification Sequence and the Specialized Social Work Unit. Such training should occur once per quarter and be considered mandatory training;

- In-service Training: It is recommended that each Area office of DCFS receive training once each year utilizing the Identification Sequence and the Specialized Social Work Unit. This would allow for presentation/review of basic practice information as well as time to address current learning needs and practice problems. Such training could also be used as an effective community organization technique if other involved professionals were invited to participate in the training;

- Training of Provider Agency Staff: With the increasing movement toward purchase of services, the curriculum could be used as an effective training tool for staff of provider agencies;

- Community Education/Awareness: Both the Identification and Community Response Sequence should be used as resource material when DCFS staff are asked to present community education/awareness programs for various groups;

- College/University Courses: Given the large number of undergraduate and graduate social work students who find employment in child welfare-related agencies, it is recommended that schools of social work be approached and encouraged to develop a course or courses in protective services utilizing the curriculum as a basis for instruction. Such courses would greatly aid in the preparation of students for employment in the field of child welfare services.

While we are not able at this point to specifically identify training which will occur in the coming year, it is anticipated that use of "We Can Help. . ." curriculum will become an integral part of staff development activities in the Illinois Department of Children and Family Services. Not to use it would be to waste a very valuable resource previously unavailable.

APPENDICES

APPENDIX A

TRAINING SESSIONS BY AREA

PART ONE: Area Training

Area:	Champaign
Type of Training:	Direct training by project staff
Number of Sessions:	One--October 26-28, 1977
Total Training Days:	Three
Number of Trainees:	38 attended, 33 completed
Trainee Audience:	DCFS staff, community social service professionals, foster parents
Content:	Unit 13--Specialized Social Work Curriculum

Area:	Chicago--North, South, East, West jointly
Type of Training:	Direct training by project staff
Number of Sessions:	Three--May 26, June 2, June 9, 1977
Total Training Days:	Three
Number of Trainees:	56 attended, 25 completed
Trainee Audience:	DCFS staff
Content:	Unit 13--Specialized Social Work Curriculum

Area:	East St. Louis
Type of Training:	Direct training and training-of-trainers by project staff
Number of Sessions:	Two
Total Training Days:	Three

*Session #1 - July 12

Number of Trainees:	Eight attended, eight completed
Trainee Audience:	DCFS staff, community social service professionals
Content:	Training-of-trainers

*Sessions #2 - July 13, 14

Number of Trainees:	42 attended, 39 completed
Trainee Audience:	DCFS staff
Content:	Units 4, 5, 10--Identifying Neglect, Emotional Maltreatment, and Case Planning

Area:	Joliet
Type of Training:	Direct training by project staff
Number of Sessions:	Two
Total Training Days:	Five

*Session #1 - May 10, 11

Number of Trainees:	24 attended, 17 completed
Trainee Audience:	DCFS staff, Catholic Charities staff
Content:	Units 1-12--Identification Sequence, Community Response System

*Session #2 - June 15-17

Number of Trainees:	26 attended, 22 completed
Trainee Audience:	DCFS staff, Catholic Charities staff
Content:	Unit 13--Specialized Social Work Curriculum

Area:	Lake-McHenry
Type of Training:	Training-of-trainers by project staff
Number of Sessions:	One--April 4-8, 1977
Total Training Days:	Five
Number of Trainees:	17 attended, 16 completed
Trainee Audience:	DCFS staff, community social service professionals
Content:	Training-of-trainers and overview of Units 1-16

Training Conducted by Lake-McHenry Trainers

Number of Sessions:	Seven
Total Training Days:	Seven
Number of Trainees:	150--teachers, social workers, counselors, administrators
Projected Training:	By March 15, 1978: 350 educators 30 DCFS staff

Area:	Marion
Type of Training:	Direct training by project staff
Number of Sessions:	Five
Total Training Days:	13

*Session #1 - March 22-24

Number of Trainees:	38 attended, 36 completed
Trainee Audience:	DCFS staff, Department of Public Aid staff, community social service professionals

Content: Units 1-6--Identification Sequence

*Session #2 - April 19-21
Number of Trainees: 35 attended, 33 completed
Trainee Audience: DCFS staff, Department of Public Aid staff, community social service professionals
Content: Units 6-12--Community Response Sequence

*Session #3 - June 28-30
Number of Trainees: 38 attended, 36 completed
Trainee Audience: DCFS staff
Content: Unit 13--Specialized Social Work Curriculum

*Session #4 - October 12, 13
Number of Trainees: 14 attended, 14 completed
Trainee Audience: Law enforcement professionals
Content: Unit 16--Specialized Training for Law Enforcement Professionals

*Session #5 - November 2, 3
Number of Trainees: Seven attended, seven completed
Trainee Audience: Law enforcement professionals
Content: Unit 16--Specialized Training for Law Enforcement Professionals

Area: Moline
Type of Training: Direct training and training-of-trainers by project staff
Number of Sessions: Three
Total Training Days: 13

*Session #1 - July 19-21
Number of Trainees: 20 attended, 20 completed
Trainee Audience: DCFS staff, community social service professionals
Content: Training-of-trainers and overview of Units 13-16

*Session #2 - July 22, August 2 and 3, August 15-16 (Moline)
Number of Trainees: 44 attended, 36 completed
Trainee Audience: DCFS staff, community social service professionals
Content: Units 1-12--Identification Sequence, Community Response Sequence

*Session #3 - August 4 and 5, August 17-19 (Galesburg)
Number of Trainees: 52 attended, 48 completed

Trainee Audience: DCFS staff, community social service professionals
Content: Units 1-12--Identification Sequence, Community Response Sequence

Training Conducted by Moline Area Trainers

Number of Sessions: Four--Seven Days
Number of Trainees: 95--Educators, law enforcement professionals, local public health department staff
Projected Training: By April 15, 1978:
Visiting Nurses Association, educators, college classes

Area: Rockford
Type of Training: Training-of-trainers by project staff
Number of Sessions: Two--May 31 and June 1, June 7 and 8
Total Training Days: Four
Number of Trainees: 16 attended, 15 completed
Trainee Audience: DCFS staff, community social service professionals
Content: Training-of-trainers, overview of Unit 13

Training Conducted by Rockford Area Trainers

Number of Sessions: Three
Total Training Days: 14
Number of Trainees: 63--DCFS staff, community social service professionals
Projected Training: Undetermined number in next year, but to include hospitals, Department of Public Aid, schools, para-professionals, and legal community.

Area: Salem
Type of Training: Direct training by project staff
Number of Sessions: Three
Total Training Days: Four

*Session #1 - May 17 and 18
Number of Trainees: 32 attended, 29 completed
Trainee Audience: DCFS staff
Content: Unit 13--Specialized Social Work Curriculum

*Session #2 - May 19 (Salem)
Number of Trainees: 61 attended, 61 completed
Trainee Audience: Community social service professionals
Content: Identification and Reporting Information

*Session #3 - May 20 (Olney)

Number of Trainees:	27 attended, 27 completed
Trainee Audience:	Community social service professionals
Content:	Identification and Reporting Information

Area:	Springfield
Type of Training:	Training-of-trainers by project staff
Number of Sessions:	Six--August 24; September 7-9, 14 and 21; October 4 and 6
Total Training Days:	Eight
Number of Trainees:	21 attended; 16 completed
Trainee Audience:	DCFS staff, community social service professionals
Content:	Training-of-trainers, overview of Units 1-16
Projected Training:	Plans were made to train an undetermined number of people by April 15, 1978; trainees were to include: hospital emergency room staff, homemakers, community service providers, and DCFS staff.

PART TWO: Special Training Sessions

Group:	Illinois State Police, Springfield
Type of Training:	Direct training by project staff
Number of Sessions:	Three--May 24, September 13, and November 15
Total Training Days:	One and one-half
Number of Trainees:	99 completed
Trainee Audience:	State Police officers, community and county police officers
Content:	Units 3, 4 and 8 - Identification and Reporting

Group:	Illinois Association for Maternal and Child Health, Carbondale
Type of Training:	Direct training by project staff
Number of Sessions:	One--September 29
Total Training Days:	One-half day
Number of Trainees:	225 completed
Trainee Audience:	Nurses
Content:	Units 3, 4 and 8 - Identification and Reporting

Group:	Head Start, Chicago
Type of Training:	Direct training by project staff
Number of Sessions:	Two--October 5
Total Training Days:	One
Number of Trainees:	157 completed
Trainee Audience:	Head Start personnel
Content:	Units 3, 4 and 8 - Identification and Reporting for Educators

Group:	Illinois State University Social Welfare Class, Normal
Type of Training:	Direct training by project staff
Number of Sessions:	One--October 10
Total Training Days:	One-half day
Number of Trainees:	61
Trainee Audience:	Social work and special education college students
Content:	Units 3, 4 and 8 - Identification and Reporting

Group:	University of Illinois social work class, Urbana
Type of Training:	Training-of-trainers by project staff
Number of Sessions:	One--October 25
Total Training Days:	One-half day
Number of Trainees:	13
Trainee Audience:	Graduate students in social work
Content:	Training-of-trainers

PART 3: Marion Evaluation

This is an evaluation report which includes pre and post-test analysis of child abuse and neglect training workshops conducted in Marion.

The pre-test questionnaire developed by the National Institute for Advanced Studies was given prior to training on March 22, 1977. The post-test was given following the presentation of Units 1—12 on April 21.

This report is broken down into three parts:

- Information obtained on the pre-test regarding the trainee population;
- Analysis of questions asked on both pre and post-test questionnaires;
- Information obtained on the post-test regarding evaluation of workshops.

Section 1: Trainee Population

Thirty-four people attended the workshop held at Southern Illinois University on March 22-24, which covered the identification sequence (Units 1-6) of the "We Can Help. . ." curriculum.

Thirty-nine people attended the second workshop which covered the community response sequence (Units 7-12) held at the Holiday Inn, Marion.

Of those people, 28 attended both sessions and completed both the pre and post-test questionnaires.

The group was multidisciplinary in nature, with the following breakdown:

Public Aid—5
Mental Health—2
Youth Service Bureau—1
Day Care—1

DCFS
Social Workers—10
Homemakers—7
Human Services Generalist—1
Child Development Aide—1

Question 1 on the pre-test is the only question which was not asked on the post-test that will be examined separately. The question was:

> What is the most important problem you face in dealing with child abuse and neglect which does not concern treatment that you hope will be addressed by this training course?

The following is a summary of the answers and the frequency of times mentioned:

Identification of all forms of abuse and neglect, including those mentioned individually—e.g., just sexual abuse or emotional abuse—14

Better understanding of the whole problem—2

How to tell if a child is at sufficient risk to be removed—3

The legal aspects of cases of abuse and neglect—2

Obtaining cooperation from other agencies—1

Finding homes for abused children—1

Getting the parents to recognize that there is abuse or neglect—1

Discerning whether or not parents are telling the truth—1

How to draw the line as to where carelessness or ignorance is involved and where abuse or neglect actually come in—1

Lack of confidence because of a lack of knowledge—1

Dealing with the problem correctly so things get better rather than worse—1

Section 2: Questionnaire Analysis

Of the 33 questions on the pre-test, 15 were also on the post-test questionnaire. Those 15 form the basis of the analysis of the effect of training on the knowledge, attitudes, and confidence of trainees in dealing with cases of child abuse and neglect.

Each question will be examined for its intent and implications, as well as the increase or decrease in knowledge, skills, and attitude.

QUESTION 2 on Pre-Test
8 on Post-Test

In the first three columns of the table below, please rate yourself in terms of your knowledge of the various activities related to cases of child abuse and neglect. (BENEATH THE TABLE ARE BRIEF DEFINITIONS OF EACH OF THE ACTIVITIES. CHECK THE APPROPRIATE BOX ON EACH LINE.) In the last three columns of the table rate yourself in terms of your confidence to perform the various activities. (CHECK THE APPROPRIATE BOX ON EACH LINE.)

		(1)	(2)	(3)	(1)	(2)	(3)
ACTIVITY		High Degree of Knowledge	Moderate Degree of Knowledge	Little Knowledge	High Confidence	Moderate Confidence	Little Confidence
Identification of Physical Abuse	Pre	4	22	2	2	17	4
	Post	16	12	0	11	12	0
Identification of Emotional Mal-treatment	Pre	2	17	9	3	14	6
	Post	3	24	1	3	16	4
Identification of Sexual Abuse	Pre	0	7	21	2	6	15
	Post	1	23	4	4	12	7
Identification of Neglect	Pre	8	17	3	5	17	1
	Post	18	10	0	11	12	0
Reporting	Pre	9	14	5	8	11	4
	Post	22	6	0	16	7	0
Referral	Pre	12	11	5	12	7	4
	Post	18	10	0	13	10	0
Case Management	Pre	7	15	6	6	13	4
	Post	14	12	2	9	12	2

DEFINITION OF ACTIVITIES:

Identification means finding and recognizing cases of child abuse and neglect after they have occurred.

Reporting means bringing to official attention cases of child abuse and neglect that have been identified.

Referral means linking families involved in child abuse and neglect with the resources they need.

Case Management means maintaining an on-going involvement with cases of child abuse and neglect throughout the duration of treatment.

The intent of this question was for trainees to rate themselves in terms of their knowledge and confidence in dealing with basic activities in cases of child abuse and neglect. The curriculum dealt with each activity listed.

A comparison of pre and post-test answers shows that trainees perception of their own knowledge and confidence increased.

KNOWLEDGE (All 7 Activities)

	INCREASE	DECREASE	SAME
Number of Respondents	28	0	0
Percentage	100%	0%	0%

Individual Activities

		INCREASE	DECREASE	SAME
Identifying Physical Abuse	Respondents	14	0	14
	Percentage	50%	0%	50%
Identifying Emotional Maltreatment	Respondents	9	0	19
	Percentage	32%	0%	68%
Identifying Sexual Abuse	Respondents	18	0	10
	Percentage	64%	0%	36%
Identifying Neglect	Respondents	13	0	15
	Percentage	47%	0%	53%
Reporting	Respondents	18	0	10
	Percentage	64%	0%	36%
Referral	Respondents	11	0	17
	Percentage	39%	0%	61%
Case Management	Respondents	11	0	17
	Percentage	39%	0%	61%

CONFIDENCE (All 7 Activities)

	INCREASE	DECREASE	SAME	NO ANSWER
Respondents	18	0	5	5
Percentage	64%	0%	18%	18%

Individual Activities

		Increase	Decrease	Same	No Answer
Identifying Physical Abuse	Respondents	13	0	10	5
	Percentage	46%	0%	36%	18%
Identifying Emotional Maltreatment	Respondents	2	0	21	5
	Percentage	7%	0%	75%	18%
Identifying Sexual Abuse	Respondents	10	0	13	5
	Percentage	36%	0%	46%	18%
Identifying Neglect	Respondents	7	0	16	5
	Percentage	25%	0%	57%	18%
Reporting	Respondents	12	0	11	5
	Percentage	43%	0%	39%	18%
Referral	Respondents	5	0	18	5
	Percentage	18%	0%	64%	18%
Case Management	Respondents	5	0	18	5
	Percentage	18%	0%	64%	18%

QUESTION 3 on Pre-Test
9 on Post-Test

In terms of your knowledge of the following topics related to child abuse and neglect, how would you rate yourself using the table below? (CHECK THE APPROPRIATE BOX ON EACH LINE.)

TOPIC AREA	(1) High Degree of Knowledge	(2) Moderate Degree of Knowledge	(3) Little Knowledge
Reporting obligations of my state law	Pre 12 Post 20	13 8	3 0
Legal safeguards, if any, which protect me from liability	Pre 5 Post 16	14 10	9 2
Procedures for interagency referral of child abuse and neglect	Pre 7 Post 19	18 9	3 0
Procedures to report a case of child abuse or neglect	Pre 14 Post 25	12 3	2 0
Legal definition of physical abuse in my jurisdiction	Pre 3 Post 15	16 13	9 0

The intent of this question was for trainees to rate themselves in their knowledge of various aspects of reporting cases of child abuse and neglect.

A comparison of pre and post-test answers shows that trainees' perception of their own knowledge about reporting increased significantly.

KNOWLEDGE (All 5 topic areas)

	INCREASE	DECREASE	SAME
Number of Respondents	25	0	3
Percentage	89%	0%	11%

Individual Topic Areas

		INCREASE	DECREASE	SAME
Reporting Obligations	Respondents	11	0	17
	Percentage	39%	0%	61%
Legal Safeguards	Respondents	15	0	13
	Percentage	53%	0%	47%
Interagency Referral	Respondents	14	0	14
	Percentage	50%	0%	50%
Reporting Procedures	Respondents	13	0	15
	Percentage	47%	0%	53%
Definition of Abuse	Respondents	18	0	10
	Percentage	64%	0%	36%

QUESTION 4 on Pre-Test
10 on Post-Test

In terms of your confidence to perform the following activities related to a case of child abuse and neglect, how would you rate yourself using the table below? (CHECK THE APPROPRIATE BOX ON EACH LINE.)

ACTIVITY	High Confidence	Moderate Confidence	Little Confidence
To counsel an abusive (or potentially abusive) parent to accept help	Pre 5 Post 8	17 19	6 1
To assess family needs	Pre 19 Post 18	17 10	1 0
To develop a treatment plan	Pre 4 Post 11	15 17	9 0
To follow through with other persons or agencies	Pre 8 Post 22	17 6	3 0
To prepare for court and court testimony	Pre 4 Post 11	13 14	11 3
To provide court testimony	Pre 5 Post 11	13 14	10 3
To convey information on child abuse and neglect to others engaged in work with abused/neglected children	Pre 8 Post 15	14 13	6 0
To discuss a case of child abuse and neglect with my colleagues	Pre 16 Post 24	12 4	0 0

The intent of this question was for trainees to rate themselves in terms of their confidence to perform various activities related to cases of child abuse and neglect.

A comparison of pre and post-test answers reveals a significant increase in trainees' confidence in performing critical activities in child abuse and neglect cases.

CONFIDENCE (All 8 Activities)

	INCREASE	DECREASE	SAME
Number of Respondents	24	0	4
Percentage	86%	0%	14%

Individual Activities

		INCREASE	DECREASE	SAME
Counsel an Abusive Parent	Respondents	8	0	20
	Percentage	29%	0%	71%
Assess Family Needs	Respondents	9	0	19
	Percentage	32%	0%	68%
Develop a Treatment Plan	Respondents	16	0	12
	Percentage	57%	0%	43%
Follow-Through with Other Agencies	Respondents	17	0	11
	Percentage	61%	0%	39%
Prepare for Court and Testimony	Respondents	15	0	13
	Percentage	53%	0%	47%
Provide Court Testimony	Respondents	13	0	15
	Percentage	47%	0%	53%
Convey Information on Abuse or Neglect to Others	Respondents	13	0	15
	Percentage	47%	0%	53%
Discuss a Case with Colleagues	Respondents	8	0	20
	Percentage	29%	0%	71%

QUESTION 5 on Pre-Test
11 on Post-Test

How would you rate your understanding of the role the following organizations or individuals in your community actually play in regard to cases of child abuse and neglect? (CHECK THE APPROPRIATE BOX ON EACH LINE.)

ORGANIZATIONS AND INDIVIDUALS	Good Understanding	Moderate Understanding	Little Understanding
Police department	Pre 9 Post 18	14 8	5 2
Schools	Pre 12 Post 18	13 7	3 3
Day care centers	Pre 9 Post 13	19 14	0 1
Mental health centers	Pre 13 Post 19	13 9	2 0
Hospitals	Pre 10 Post 20	16 7	2 1
Public health departments	Pre 9 Post 15	14 12	5 1
Social service departments	Pre 16 Post 24	12 4	0 0
Private physicians	Pre 13 Post 17	11 9	4 2

The intent of this question was for trainees to rate their understanding of the roles of other agencies in the community that might respond to cases of child abuse and neglect.

The comparative answers on the pre and post-tests showed an increase in understanding on the whole, but there was a lot of shifting on individual's tests. This may reflect an ambiguous question or many people realizing how little they really understood about various roles. For example, several people marked good understanding in all categories on the pre-test, but on the post-test marked only half the categories good understanding, and the other half moderate understanding.

UNDERSTANDING (All 8 Agencies)

	INCREASE	DECREASE	SAME
Number of Respondents	21	5	2
Percentage	75%	18%	7%

Individual Agencies

		INCREASE	DECREASE	SAME
Police	Respondents	9	2	17
	Percentage	32%	7%	61%
Schools	Respondents	6	0	22
	Percentage	21%	0%	79%
Day Care Centers	Respondents	5	2	21
	Percentage	18%	7%	75%
Mental Health Centers	Respondents	8	0	20
	Percentage	29%	0%	71%
Hospitals	Respondents	10	1	17
	Percentage	36%	3%	61%
Public Health Department	Respondents	9	0	19
	Percentage	32%	0%	68%
Social Services Department	Respondents	8	0	20
	Percentage	29%	0%	71%
Private Physicians	Respondents	4	0	24
	Percentage	14%	0%	86%

QUESTION 6 on Pre-Test
12 on Post-Test

How would you summarize the reporting obligations of your state law in cases of child abuse and neglect? (IF YOU DO NOT KNOW THE EXACT WORDING, STATE THE REPORTING OBLIGATIONS AS BEST AS YOU CAN USING YOUR OWN WORDS)

		Acceptable	Not Acceptable	No Answer/ Didn't Know
Pre-Test	Respondents	23	1	4
	Percentage	82%	4%	14%
Post-Test	Respondents	27	0	1
	Percentage	96%	0%	4%

		INCREASE	DECREASE	SAME
Analysis of Change	Respondents	4	0	24
	Percentage	14%	0%	86%

Most people had a good working knowledge of their obligations under the Act prior to training.

QUESTION 7 on Pre-Test
13 on Post-Test

How would you report a case of child abuse and neglect?

		Acceptable	Not Acceptable	No Answer/ Didn't Know
Pre-Test	Respondents	27	0	1
	Percentage	96%	0%	4%
Post-Test	Respondents	28	0	0
	Percentage	100%	0%	0%

		INCREASE	DECREASE	SAME
Analysis of Change	Respondents	1	0	27
	Percentage	4%	0%	96%

Virtually all trainees knew how to report prior to training.

QUESTION 8 on Pre-Test
14 on Post-Test

What legal safeguards, if any, protect you from liability?

		Acceptable	Not Acceptable	No Answer/ Didn't Know
Pre-Test	Respondents	10	7	11
	Percentage	36%	25%	39%
Post-Test	Respondents	26	0	2
	Percentage	93%	0%	7%

		INCREASE	DECREASE	SAME
Analysis of Change	Respondents	16	0	12
	Percentage	57%	0%	43%

Trainees have a better understanding of their legal protection under the reporting act as a result of training.

QUESTION 9 on Pre-Test
15 on Post-Test

What are the procedures for interagency referrals of child abuse and neglect cases in your community?

		Acceptable	Not Acceptable	No Answer/ Didn't Know
Pre-Test	Respondents	24	1	3
	Percentage	85%	4%	11%
Post-Test	Respondents	27	0	1
	Percentage	96%	0%	4%

		INCREASE	DECREASE	SAME
Analysis of Change	Respondents	3	0	25
	Percentage	11%	0%	89%

Procedures for interagency referral were widely known by trainees prior to training.

QUESTION 10 on Pre-Test
16 on Post-Test

What is the legal definition of physical abuse in your state? (IF YOU DO NOT KNOW THE EXACT WORDING, STATE THE DEFINITION AS BEST AS YOU CAN USING YOUR OWN WORDS.)

		Acceptable	Not Acceptable	No Answer/ Didn't Know
Pre-Test	Respondents	16	4	8
	Percentage	57%	14%	29%
Post-Test	Respondents	22	0	6
	Percentage	79%	0%	21%

		INCREASE	DECREASE	SAME
Analysis of Change	Respondents	6	0	22
	Percentage	21%	0%	79%

There was a significant increase in defining physical abuse from the pre-test to the post-test. When this information is compared with the trainee's own perception of their ability and confidence to identify, they may be selling themselves short. Whereas on the post-test only 57 percent felt they had the knowledge and only 39 percent felt they had the confidence, a much higher 79 percent demonstrated sound knowledge by acceptably writing the definition of physical abuse. As a result of the training, the knowledge and confidence level of trainees did jump by 50 percent.

QUESTION 11 on Pre-Test
17 on Post-Test

Does your state law explicity refer to emotional maltreatment as a reportable form of child abuse?

		Yes	No	Don't Know
Pre-Test	Respondents	17	1	10
	Percentage	61%	3%	36%
Post-Test	Respondents	24	2	2
	Percentage	86%	7%	7%

		INCREASE	DECREASE	SAME
Analysis of Change	Respondents	7	1	20
	Percentage	25%	4%	71%

QUESTION 12 on Pre-Test
18 on Post-Test

There are many physical clues or behavior patterns ("clues") which either suggest the need to examine a case further or to keep track of a case because a potential for child abuse or neglect exists. A list of possible "clues" for four categories of child abuse and neglect are presented below. Please identify for each item the one category of child abuse and neglect for which you think it is most appropriate. (PLACE THE NUMBER REPRESENTING THE APPROPRIATE CATEGORY ON THE BLANK LINE NEXT TO EACH ITEM. IT IS RECOGNIZED THAT FOR SOME ITEMS THERE IS MORE THAN ONE "ACCEPTABLE" RESPONSE.)

Physical Abuse (1)	Emotional Maltreatment (2)	Sexual Abuse (3)	Neglect (4)	None (5)	Do Not Know (9)

a. A parent who repeatedly denies a child physical affection or nurturance. _____

b. Bruises on the face of an infant. _____

c. Parents who tend to be transient and isolated from family and neighbors. _____

d. A family which is a culturally isolated group with members seeking satisfaction within the family. _____

e. A child displaying severe habit disorders, such as rocking, bed wetting, or feeding problems. _____

f. A child appears emaciated and tends to regurgitate food, then rechew it and swallow it. _____

g. A child comes to school in cold weather frequently, missing key items of clothing such as underwear, shoes, or outer dress. _____

h. A mother who cannot discriminate her child's needs. _____

i. A bald, flattened spot on the back of an infant's skull. _____

j. A child displaying erratic behavior, such as moving from overaggressiveness to withdrawal. _____

k. A child who does not show appropriate growth patterns, such as an inability to talk by age three. _____

l. An adult who is timid, passive, and indicates strong feelings of sexual inadequacy. _____

Identification Skills—Acceptable Answers: Composite of 12

		INCREASE	DECREASE	SAME
Analysis of Change	Respondents	14	2	12
	Percentage	50%	7%	43%

One-half of the trainees showed an increase in their ability to identify physical and behavioral indicators of the various forms of child abuse and neglect.

QUESTION 18 on Pre-Test
19 on Post-Test

Please indicate whether you strongly agree, agree, are uncertain, disagree, or strongly disagree with the following statements:

a. Parents who physically abuse their children are mostly from lower socio-economic levels.

( )	( )	( )	( )	( )
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

b. The identification of cases of child abuse and neglect should be handled primarily by individuals who are specifically trained to work with problem families.

( )	( )	( )	( )	( )
Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

c. Children who have suffered abuse or neglect from their parents should be removed from the home permanently to prevent future physical or emotional trauma.

( )	( )	( )	( )	( )
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

d. Unfortunately, most cases of child abuse and neglect cannot be prevented.

( )	( )	( )	( )	( )
Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

e. All parents can be considered potential child abusers.

( )	( )	( )	( )	( )
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

f. Unless conclusive evidence of abuse or neglect exists, reporting a suspected case of child abuse or neglect is an irresponsible act.

( )	( )	( )	( )	( )
Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

g. In an interview with a parent suspected of child abuse or neglect, it is important for the social worker, physician, or health professional to focus the interview on the child rather than on the parent.

( )	( )	( )	( )	( )
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

h. Willingness to report a case of child abuse or neglect can be affected by one's attitudes or feelings toward the family involved.

( )	( )	( )	( )	( )
Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

i. Parents who abuse or neglect their children should be prosecuted to the fullest extent possible.

( )	( )	( )	( )	( )
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

The intent of this set of questions was to determine trainees attitudes and feelings about cases of child abuse and neglect.

The comparison of pre and post-tests shows a significant increase in family supportive type attitudes. There is also a significant number of attitudes that remained the same, however, since they were already high in family supportive feelings.

		Increase in Family Supportive Attitudes	Decrease	Same
Analysis of Change	Respondents	15	1	12
	Percentage	53%	4%	43%

QUESTION 14 on Pre-Test
20 on Post-Test

Please complete the following items by checking the appropriate category:

a. One of the powers of most juvenile courts is the power to terminate parental rights in cases of child abuse and neglect.

___ Yes ___ No ___ Don't Know

b. The majority of reported cases of child abuse and neglect do not result in court action. They are either dismissed after evaluation or referral to social services on a voluntary basis.

___ Yes ___ No ___ Don't Know

c. Special children—ones who are mentally, physically, or developmentally handicapped—are less likely than other children to be abused by potentially abusive parents.

___ Yes ___ No ___ Don't Know

d. Abusive parents are about as likely as non-abusive parents to have been abused as children.

___ Yes ___ No ___ Don't Know

e. The majority of states have yet to adopt some type of legislation governing neglected children.

___ Yes ___ No ___ Don't Know

f. In a case heard in juvenile court, the judge will decide whether the child has been abused or neglected based only on the evidence presented during the hearing.

___ Yes ___ No ___ Don't Know

g. In two-parent abusive families, the parents often alternate abusing the child.

___ Yes ___ No ___ Don't Know

h. Unless emotional maltreatment is accompanied by physical abuse or gross neglect, there may be no substantiating evidence that would stand up in court as evidence of this maltreatment.

___ Yes ___ No ___ Don't Know

i. In general, there is more resistance to recognizing and reporting suspected cases of sexual abuse than other forms of child abuse and neglect.

___ Yes ___ No ___ Don't Know

j. Extremely aggressive, demanding, and rageful behaviors are more common in a child who is mildly or inconsistently abused than in a severely abused child.

___ Yes ___ No ___ Don't Know

k. Physicians are not permitted to talk with the attorney for parents or the attorney for the child prior to a court hearing on the case of child abuse or neglect.

___ Yes ___ No ___ Don't Know

l. Social work or medical records are generally not admissable as evidence during a trial on a child abuse or neglect case.

___ Yes ___ No ___ Don't Know

The intent of this set of questions was testing general knowledge about child abuse and neglect. Questions range from behaviors of parents and children to court-related questions, and questions about how attitudes affect our dealing with cases of child abuse and neglect.

As shown in the figures below, 19 trainees marked more correct answers on the post-test than on the pre-test. This is a significant increase in knowledge.

Analysis of Change		INCREASE	DECREASE	SAME
	Respondents	19	2	7
	Percentage	68%	7%	25%

QUESTION 15 on Pre-Test
21 on Post-Test

Before physical abuse can be reported, there must be evidence of: (CHECK ONE)

1. Serious Injury to the Child
2. Parental Intent

_____ 1 (Injury)
_____ 2 (Intent)
_____ 1 and 2 (Injury and Intent)
_____ Neither 1 nor 2

This question was apparently confusing to a lot of trainees as a lot of people marked it incorrectly as shown below.

Analysis of Change	Increase in Correct Answer	Decrease in Correct Answer	Same (Correct Answer)	Same (Incorrect Answer)
Respondents	4	3	10	11
Percentage	14%	11%	36%	39%

QUESTION 16 on Pre-Test
22 on Post-Test

Which of the following is not a primary purpose of the medical or social work interview with a parent in a suspected case of child abuse or neglect? (CHECK ONE)

(1) _____ To establish rapport with the parent
(2) _____ To collect sufficient information to determine if the child is in need of protection
(3) _____ To establish the identity of the abusive parent (or other person)
(4) _____ To gain information and understanding about the parents and the family situation

This question specifically deals with the issue of taking a non-punitive approach to investigating cases of child abuse and neglect.

A significant number of trainees did show a positive increase in attitude as reflected below.

Analysis of Change	Increase in Supportive Attitude	Decrease	Same (Supportive)	Same (Non-Supportive)
Respondents	14	1	7	6
Percentage	50%	4%	25%	21%

Section 3: Evaluation of Workshops

A number of questions on the post-test dealt specifically with evaluating the two workshops that were held. The evaluation covers both content of the curriculum and trainer behavior.

QUESTION 1

In general, would you say that the training you received has been very useful, of some use, or not useful in meeting your needs?

	Very Useful	Of Some Use	Not Useful
Respondents	28	0	0
Percentage	100%	0%	0%

QUESTION 2

To what extent does the training curriculum meet your specific needs related to child abuse and neglect which you identified in the earlier questionnaire? Would you say it has been very useful, of some use, or not useful in meeting your needs?

	Very Useful	Of Some Use	Not Useful
Respondents	27	1	0
Percentage	96%	4%	0%

QUESTION 3

How would you rate the assistance provided by the training curriculum with respect to the various activities related to cases of child abuse and neglect which are listed in the table below? (CHECK THE APPROPRIATE BOX ON EACH LINE)

ACTIVITY	(1) Very Useful	(2) Of Some Use	(3) Not Useful
Identification of Physical Abuse	* 28 ** 100%		
Identification of Emotional Maltreatment	16 57%	12 43%	
Identification of Neglect	24 86%	4 14%	
Identification of Sexual Abuse	16 57%	10 36%	2 7%
Reporting	25 89%	3 11%	
Referral	23 82%	5 18%	
Case Management	24 86%	4 14%	

* Indicates Number of Respondents
** Indicates Percentage

QUESTION 23

How would you evaluate the way the training you received was put together? Would you say it was: excellent, food, fair, or poor?

	Excellent	Good	Fair	Poor
Respondents	22	6	0	0
Percentage	79%	21%	0%	0%

QUESTION 24

Do you feel the trainers understood the problems related to child abuse and neglect which you deal with on a day-to-day basis?

	Yes	No
Respondents	28	0
Percentage	100%	0%

QUESTION 25

To what extent do you feel the trainers were interested in seeing you learn the content of the curriculum?

	Very Interested	Somewhat Interested	Not Too Interested
Respondents	28	0	0
Percentage	100%	0%	0%

QUESTION 26

Were the training facilities used conducive to getting the material across?

	Yes	No	No Answer
Respondents	22	3	3
Percentage	78%	11%	11%

QUESTION 27

What was good about the facilities?

Most comments related to the Southern Illinois University meeting room being preferable to the Holiday Inn.

QUESTION 28

What should have been different?

Several people wrote that the room was too large and poorly lit at Holiday Inn.

QUESTION 29

In your opinion was the training: too long, too short, about right?

	Too Long	Too Short	About Right
Respondents	0	0	28
Percentage	0%	0%	100%

QUESTION 30

Was the level of training: too advanced, too elementary, about right?

	Too Advanced	Too Elementary	About Right
Respondents	0	1	27
Percentage	0%	4%	96%

QUESTION 31

How would you assess your opportunities for informal interaction with the trainers and other trainees?

		Not Enough	Too Much	About Right
With Trainers	Respondents	0	0	28
	Percentage	0%	0%	100%

		Not Enough	Too Much	About Right
With Other Trainees	Respondents	2	0	26
	Percentage	7%	0%	93%

QUESTIONS 32 and 33

How would you evaluate the training materials used? Place an X anywhere along the scale.

	Very Difficult 1	2	3	4	5 Very Easy
Respondents	0	0	1	6	21
Percentage	0%	0%	4%	21%	75%

	Extremely Relevant to CA/N 1	2	3	4	5 No Relevance to CA/N
Respondents	25	3	0	0	0
Percentage	89%	11%	0%	0%	0%

QUESTIONS 34, 35, and 36

How would you evaluate the trainers? Place an X anywhere along the scale.

	Appeared Very Competent 1	2	3	4	5 Did Not Appear Competent
Respondents	23	5	0	0	0
Percentage	82%	18%	0%	0%	0%

	Very Difficult to Understand 1	2	3	4	5 Very Easy to Understand
Respondents	0	0	0	5	23
Percentage	0%	0%	0%	18%	82%

	Dealt Fully with Issues and Problems That Arose 1	2	3	4	5 Did Not Deal Fully with Concerns
Respondents	20	8	0	0	0
Percentage	71%	29%	0%	0%	0%

QUESTION 37

Did the training include information or materials that you found especially valuable?

	Yes	No
Respondents	28	0
Percentage	100%	0%

QUESTION 38

What information or materials?

The following is a summary of comments and frequency of times mentioned:

1. ALL the handouts 8
2. Indicators of Abuse and Neglect 4
3. Films 5
4. The Legal Aspects 2
5. The Small Group Process 2
6. Case Planning Information 2
7. Role Playing 2

QUESTION 39

Why was it valuable?

1. A refresher—stimulating.
2. Good outline and case studies.
3. Good for my job—specific facts—not generalities.
4. Related to situations I work with daily and added confidence and support.
5. The situations were realistic.
6. Simple to understand
7. Specifics to look for.
8. Can refer to handout material later.
9. Helped me see it more clearly.
10. Makes me feel better about reporting.
11. Prepared me for more assertive work on cases.
12. It was valuable for everyday situations.
13. I didn't know the legal aspects, our limitations, my feelings.
14. It got me to not only take in the information, but also to use it.

QUESTION 40

Did the training omit information or material that you believe should have been included?

	Yes	No
Respondents	4	24
Percentage	14%	86%

QUESTION 41

What information or materials?

Comments:

1. Treatment information.
2. More information of identifying sexual abuse.
3. More written material.

QUESTION 42

Would you recommend the use of the material included in this training curriculum?

	Yes	No	No Answer
Respondents	24	0	4
Percentage	86%	0%	14%

QUESTION 43

Who should use the material?

Comments and frequency:

1. ALL professionals who deal with child abuse and neglect 15
2. Graduate school of social work 3
3. New employees 5

QUESTION 44

How should the material be used?

Comments and frequency:

1. As it was here 9
2. Community training 3
3. Orientation of new employees 2
4. Repeatedly—continually 1

QUESTION 45

Would you advise any cautions in using the material?

	Yes	No	No Answer
Respondents	2	15	11
Percentage	7%	54%	39%

QUESTION 46

What cautions would you advise?

Comment:

Not to scare anyone.

QUESTION 47

Are there any changes in the format or content of the training curriculum that would improve it? How could the training curriculum be revised by NCCAN so that it would be more useful to you or your organization?

Comments:

1. Make people sit with folks from other agencies
2. More role plays
3. Include more agencies, invite supervisors
4. Units 11 and 12 were a bit too general

QUESTION 48

Do you have any other comments or observations about any aspect of the training materials or the training itself? If so, please provide them on the space below.

Comments:

1. May be the best I've attended, certainly in the all-time top 10.
2. The best ever.
3. I especially liked the focus on the process of communication between agencies.
4. Excellent material—persons presenting the material were outstanding.
5. Excellent material, well presented. Some of the trainees were excessive talkers, but that is usual and not too offensive.
6. Thank you.
7. Entire training has been stimulating and thought provoking.
8. Thanks for the opportunity to learn.
9. Excellent, need more of it.
10. More role playing.
11. The questionnaire was handed out at a time when I was burned out, and I feel the majority of the group felt that way.
12. It was great.
13. Clear, concise, practical.
14. Both the material and training were very informative—best I've had yet.

QUESTION 49

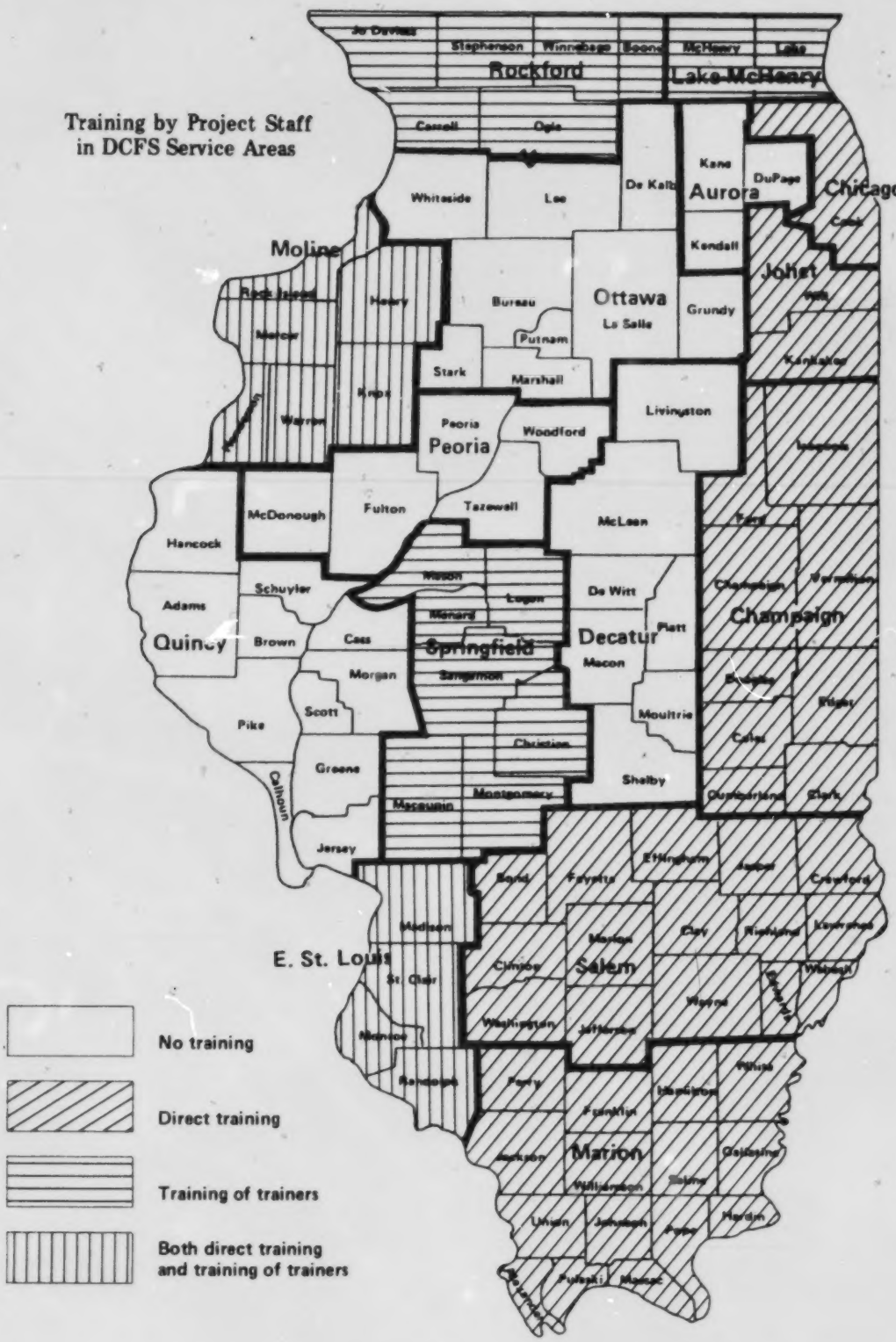
If the training course you attended should be offered again, would you recommend it to one of your colleagues?

	Yes	No	Don't Know, Not Sure
Respondents	28	0	0
Percentage	100%	0%	0%

QUESTION 50

Assuming the cost of the training was about the same as similar training programs with which you're familiar, would you advise one of your colleagues to pay for this training?

	Yes	No	No Answer
Respondents	24	0	4
Percentage	86%	0%	14%


Training by Project Staff
in DCFS Service Areas
Rockford
Lake-McHenry
Aurora
Chicago
Moline
Ottawa
Joliet
Peoria
Champaign
Quincy
Springfield
Decatur
E. St. Louis
Salem
Marion
No training
Direct training
Training of trainers
Both direct training
and training of trainers

APPENDIX B - DAILY AGENDAS

Direct Training by Project Staff - Units 1-6

DAY 1

9:00 a.m.	Welcome and Staff Introductions
9:15 a.m.	Get-Acquainted Exercise
9:45 a.m.	Goal Agreement Exercise
10:15 a.m.	Introduction to the Curriculum
10:30 a.m.	Break
10:45 a.m.	Overview of the Problem
11:00 a.m.	Film-Abusive Parents
11:30 a.m.	Goals of Identification Sequence and Four Forms of Maltreatment
11:40 a.m.	Defining Child Abuse and Neglect
12:00 a.m.	Lunch
1:00 p.m.	Unit 3-Physical Abuse 2 Filmstrips: Physical Abuse-Signs of Alert Physical Abuse-What Behavior Can Tell Us
1:50 p.m.	Handout: Resource Paper-"Characteristics of Abusive Parents"
2:00 p.m.	Dyad Exercise and Group Discussion
2:45 p.m.	Break
3:00 p.m.	Case History Analysis in Small Groups
3:45 p.m.	Large Group Discussion of Case Histories
4:30 p.m.	End of Day

DAY 2

9:00 a. m.	Unit 4-Neglect Lecture and Exercise-Defining Neglect
9:40 a. m.	Filmstrip and Discussion-Identifying Neglect
10:10 a. m.	Break
10:20 a. m.	Large Group Discussion-Identifying Neglect
11:00 a. m.	Small Group Analysis-4 Cases of Neglect
12:00 a. m.	Lunch
1:00 p. m.	Summary of Small Group Analysis
1:45 p.m.	Unit 5-Emotional Maltreatment-Lecture
2:05 p. m.	Brainstorming and Discussion
2:45 p. m.	Break
3:00 p. m.	Film-Cipher in the Snow and Discussion
4:15 p. m.	End of Day

DAY 3

9:00 a. m.	Unit 6-Sexual Abuse Process Wheel and Discussion
9:45 a. m.	Lecture: Intra-Family Sexual Abuse
10:15 a. m.	Break
10:30 a. m.	Film-Sexual Abuse: The Family or Incest: The Victim Nobody Believes
11:30 a. m.	Small Group Exercise
12:00	Evaluation

UNIT 13

Specialized Training for Social Work Professionals

DAY 1

9:00 a.m.	Welcome and Staff Introductions
9:15 a.m.	Goal Agreement Exercise
9:45 a.m.	Overview of Unit 13
10:00 a.m.	Module 1-Investigating Lecture/Discussion: The Definition and Purpose of a CA/N Investigation
10:15 a.m.	Triad Exercise-Problems in Investigating
10:45 a.m.	Break
11:00 a.m.	Lecture-Child Protective Investigation
11:15 a.m.	Small Group Discussion-Preparing for the Investigation
12:00 a.m.	Lunch
1:00 p.m.	Lecture/Discussion: Methods of Gathering Information
1:20 p.m.	Role Play: The Initial Interview
2:20 p.m.	Break
2:35 p.m.	Lecture and Small Group Exercise: Making an Assessment and Case Decision in a Child Protective Investigation
3:45 p.m.	Module 2-The Social Worker in Court Role of Social Worker-Preparing to Testify
4:30 p.m.	End of Day

DAY 2

9:00 a. m.	Trial Checklist Exercise
9:30 a. m.	Film: Presenting the Case
10:20 a. m.	Break
10:30 a. m.	Module 3-Social Assessment Lecture/Discussion: Making a Social Assessment of Cases of CA/N
10:45 a. m.	Three Dramatizations from an Assessment Interview with the "A" Family
12:00 a. m.	Lunch
1:00 p. m.	Brainstorming and Refining Strengths and Problems of the "A" Family
2:00 p. m.	Lecture: Preparing an Assessment Report in a Case of CA/N
2:15 p. m.	Role Play: Sharing an Assessment Report with the Family
3:00 p. m.	Break
3:15 p. m.	Module 4-Case Planning Lecture: The Treatment Planning Process
3:45 p. m.	Small Group Exercise: Developing Goals and Strengths for the "A" Family's Treatment Plan
4:30 p. m.	End of Day

DAY 3

9:00 a. m.	Small Group Exercise: Defining Treatment Alternatives and Selecting Specific Resources for the "A" Family
10:00 a. m.	Lecture/Discussion: Case Monitoring
10:15 a. m.	Break

10:30 a. m.	Small Group Exercise: Monitoring the "A" Family Case
11:30 a. m.	Evaluation

Training-of-Trainers

9:00 a. m.	Welcome and Staff Introductions
9:10 a. m.	Background of Curriculum and Training Agenda
9:25 a. m.	Get-Acquainted Exercise and Lecture
10:00 a. m.	Goal Agreement Exercise and Lecture
10:30 a. m.	Break
10:40 a. m.	Adult Learning Theory
11:00 a. m.	Needs Assessment
11:15 a. m.	Learning Domains
11:30 a. m.	"Chico's Bridge" Exercise
12:00 a. m.	Lunch
1:00 p. m.	Establishing General Instructional Goals
1:30 p. m.	Establishing Specific Learning Objectives
2:15 p. m.	Designing Training: A. Content B. Didactic and Experiential Training Modes C. Learning Configurations and Activities D. Advanced Planning and Preparation
3:15 p. m.	Break
3:30 p. m.	Conducting a Training Event
4:15 p. m.	Evaluating Training

APPENDIX C

UNIT DESCRIPTIONS

UNIT 1--Introduction to Curriculum: We Can Help...

The trainee's initial experiences with the training program will be crucial in determining his or her attitudes and receptivity to the ensuing curriculum presentation. This introductory unit is designed to establish the learning climate and explain the structure, content and processes of the training program. Activities include a large group meeting, group interchange with the trainer, and an experiential exercise to acquaint the trainees with each other.

UNIT 2--Introduction to the Identification Sequence

This unit provides an overview of the four units that comprise the identification sequence--Physical Abuse (Unit 3), Neglect (Unit 4), Emotional Maltreatment (Unit 5), and Sexual Abuse (Unit 6). It should be used as an introductory unit before any or all of the units in the sequence. In the course of Unit 2, basic information about definitions of child abuse and neglect is provided as a context for the subsequent units on identification.

UNIT 3--Identifying the Physically Abused Child

This unit presents an overview of physical abuse including: physical and behavioral indicators; and social, familial and personal causes and precipitating factors. Trainees are encouraged to identify and share their feelings about abused children and abusive parents and to participate in a small group exercise in which they use the information presented to analyze a case history. They are also encouraged to explore the advantages and problems of this team approach.

UNIT 4--Identifying the Neglected Child

This unit examines child neglect: physical and behavioral indicators; trainees' attitudes towards neglected children and neglectful parents and/or caretakers; and the difficulties of conclusively identifying suspected cases.

UNIT 5--Identifying the Emotionally Maltreated Child

This unit examines emotional maltreatment of children: legal definitions, types of parental behaviors (and consequent harm to children) that could constitute emotional maltreatment, and some of the problems inherent in identifying and intervening in suspected cases. The unit emphasizes the need for professionals to distinguish between emotional maltreatment as a reportable act, and instances of ineffective parenting.

UNIT 6--Identifying the Sexually Abused Child

This unit, the last of four on identifying various kinds of child abuse and neglect, is about intra-family sexual abuse of children: its physical and behavioral indicators, underlying family dynamics, and society's response. Trainees explore and compare their feelings towards both the victims and the perpetrators in intra-family sexual abuse. A film, augmented by a lecture, provides information on the scope of the problem, physical and behavioral indicators, family dynamics, and some approaches to dealing with the problem. Finally, trainees, working in small groups, use what they have learned in the unit to determine if sexual abuse has occurred in a family described in a vignette.

UNIT 7--Introduction to the Community Response Sequence

This unit provides an overview of the five units that comprise the community response sequence--Reporting Child Abuse and Neglect (Unit 8), Investigating Child Abuse and Neglect (Unit 9), Case Planning and Referral of Child Abuse and Neglect (Unit 10), The Role of the Courts in Child Abuse and Neglect (Unit 11), and Coordinating Community Response to Child Abuse and Neglect (Unit 12). The unit introduces discussion of the need for multidisciplinary cooperation in responding to child abuse and neglect cases.

UNIT 8--Reporting Child Abuse and Neglect

Three aspects of reporting suspected cases of child abuse and neglect are examined in this unit: the state reporting laws, the local procedures for reporting and responding to reports, and the major issues involved in the reluctance of some professionals to report.

UNIT 9--Investigating Child Abuse and Neglect

This unit provides information about the process of investigating child abuse and neglect cases. It defines and describes investigation from the different professional perspec-

tives. It discusses the three purposes of an investigation: 1) to determine if abuse or neglect is occurring, 2) to determine whether the child is at risk in the home, and 3) to determine what risk is serious enough to warrant immediate intervention. Finally, the methods of accomplishing an investigation are reviewed.

UNIT 10--Case Planning and Referral

This unit examines case planning and referral, the third phase of the community response to cases of child abuse and neglect. A lecture and a filmstrip introduce case monitoring or management. In a role play, trainees experience the process of a multidisciplinary team approach to case planning for a physically abusive family. Following the role play, trainees explore the contributions of each type of professional on a multidisciplinary child abuse and neglect team.

UNIT 11--The Role of the Courts in Child Abuse and Neglect

This unit provides an overview of the functions and purposes of criminal and juvenile courts as they pertain to child abuse and neglect cases. An introductory lecture sets forth and contrasts the general purposes and functions of criminal and juvenile courts including the advantages and disadvantages of each. Trainees then discuss their attitudes concerning the role of these two court systems in child abuse and neglect cases. During the second hour, a guest lecturer, using a lecture outline, spells out specific procedures for handling a case of suspected abuse or neglect in the trainees' juvenile court system--from the initial petition to the termination of a case--including a description of the role of the various participants in the court process. A glossary of selected legal terms, amended by the guest lecturer to conform with local terminology, will be given to each trainee.

UNIT 12--Coordinating Community Response to Child Abuse and Neglect

This unit explores multidisciplinary and multi-agency relationships that affect the community response system to child abuse and neglect. It includes a group simulation of a community task force established to explore the possibility of multidisciplinary/multiagency cooperation and potential obstacles to that process. Also included is a film on three multidisciplinary teams established in three separate communities: an affluent suburb of a large city, a small city, and a rural community. The unit ends with an activity in which trainees formulate plans for multi-agency/multidisciplinary cooperation in their own communities.

UNIT 13--Specialized Training For Social Work Professionals

Module 1--Investigating a Report of Child Abuse or Neglect

This module describes the investigation process. It presents the definition of investigation, the three steps of the investigation process, the information a social worker needs to obtain, and methods for obtaining it. Trainees discuss a case report, role play an initial interview, assess the case investigation, and make a case decision.

Module 2--The Social Worker in Court

This module presents information concerning the court system that social workers need to know in order to make effective use of this resource: the functions of, and participants in, juvenile court; value conflicts between social service agencies and the courts; and how to prepare for a trial. A film, "Presenting the Case," gives information on how to testify in court.

Module 3--Social Assessment of Child Abuse and Neglect Cases

This module explores social assessment, the process, begun during the investigation, of gathering and evaluating information needed about an abusive or neglectful family to determine 1) the child's continuing safety in the home, and 2) family strengths and problems on which treatment can be based. Two lectures present information on the purpose of a social assessment, and how to prepare an assessment report. The A family case, introduced in Module 1 of this unit, is carried through this module to provide opportunities for trainees to 1) experience a simulated assessment interview with a family, 2) identify family problems and strengths, and 3) share the assessment with the family. The module emphasizes the need to include the family in all aspects of assessment as active participants rather than passive observers.

Module 4--Case Planning

This module examines the process of case planning: developing a treatment plan and monitoring the progress of a case in treatment. The module discusses how to develop a treatment plan, how to select treatment resources, and how to involve parents in the treatment planning process. It also defines case monitoring--the second step of case planning--and discusses how to do it. Activities are used that enable trainees to develop a hypothetical treatment plan and to monitor that plan to meet hypothetical case situations.

UNIT 14--Specialized Training for Medical and Health Professionals

Module 1--The Diagnosis of Child Abuse and Neglect

This module presents the medical indicators to be aware of in diagnosing child abuse and neglect, the special factors associated with diagnosing different types and effects of maltreatment, and some procedures to be used in developing a plan for making a final diagnosis of abuse or neglect. Trainees practice using the medical indicators and planning procedures in developing a case study diagnosis.

Module 2--The Medical Interview

This module explains the importance of the medical interview with cases of suspected child abuse and neglect, outlines the content of the medical interview as the basis for further investigation, interventions and treatment, and presents general guidelines concerning the process and style of interviewing in such cases.

Module 3--Observing the Behaviors of Children and Parents

This module describes how observation of the behaviors of parents and children in suspected cases of child abuse or neglect can provide important clues in determining if a situation involves abuse or neglect.

Module 4--Case Planning

This module presents the case planning process, with emphasis on the assessment and treatment planning phases. A sample child abuse case is used in a lecture demonstration to teach trainees the process of developing assessment and treatment matrices. Trainees work in small groups to complete the process based on case materials.

Module 5--Case Monitoring

This module presents the last phase of the case planning process--case monitoring. It identifies how case monitoring can be used to evaluate and improve the effectiveness of treatment and provide on-going reassessment of treatment goals. The role of the medical or health professional in this phase of case planning is examined through small group case analysis with the same case used in the assessment and treatment planning phase.

Module 6--The Legal Context of Child Abuse and Neglect

Three areas of law relating to child abuse and neglect are examined in this module: 1) reporting laws, 2) criminal laws, and 3) juvenile laws. Through lecture, filmstrip and discussion, information is presented on the content and purpose of these laws, with a special focus on the reporting law and the physician's attitude toward reporting. Background information on the role of the criminal and juvenile court is also presented.

Module 7--The Medical Witness in Court

This module presents a film and discussion on the physician's role as an expert witness in a child abuse case. The film shows a pre-trial meeting in which the county attorney and the doctor prepare for court and then shows the doctor testifying in court. The film and discussion guide contain information on how to prepare for testifying, how to testify, and basic rules of court procedures and evidence.

UNIT 15--Specialized Training for Educators

This unit provides the specialized training skills educators need to become effective participants in a community effort to treat and prevent child abuse and neglect. It deals with feelings educators have which may affect their willingness to become involved in cases of suspected abuse or neglect; physical and behavioral indicators of child maltreatment that an educator is likely to observe; the critical elements of school district policies and procedures on suspected cases of abuse and neglect; and the roles, beyond reporting, that educators can play in abuse or neglect cases.

UNIT 16--Specialized Training for Law Enforcement Professionals

Module 1--The Role and Responsibilities of Law Enforcement in Child Abuse and Neglect Cases

This module presents information about legal context of child abuse and neglect and also describes the social service approach to problems of child abuse and neglect. It includes presentations on the responsibilities of law enforcement, definitions of child abuse and neglect, reporting laws, the juvenile court approach, criminal child abuse abuse and neglect laws, and the child protective services approach to child abuse and neglect cases. In addition, trainees discuss their attitudes toward the social service approach to child abuse and neglect cases as well as their attitudes toward sharing responsibility for such cases with child protective service workers.

Module 2--Identifying Child Abuse and Neglect

Trainees view and discuss four filmstrips on the identification of child abuse and neglect: 1) "Indicators of Physical Abuse--Signs of Alert" (from Unit 3), 2) "Behavioral Indicators of Abuse--What Behavior Can Tell Us" (from Unit 3), 3) "Identifying Neglect Before It's Too Late" (from Unit 4), and 4) "Medical Indicators, Part 5--Sexual Abuse" (from Unit 14, Module 1). In a separate activity, trainees discuss their attitudes toward abusive and neglectful parents and abused and neglected children, and examine how these attitudes might affect their work in child abuse and neglect cases.

Module 3--Investigation

This module presents detailed information on the investigation process, covering such aspects of the investigation as: receiving the report, searching the central registry, gaining entry to the home, placing a child in "protective custody," gathering and evaluating evidence, interviewing parents and children, and disposing of the case . The trainees view a film on police and child protective services investigations and develop interviewing skills by participating in an interview role play.

APPENDIX D

POTENTIAL TRAINING AUDIENCES

The core curriculum, Units 1-12, is appropriate for people in the following occupations. (The Units in the specialized curriculum are appropriate for professionals in those occupations preceded by an asterisk).

Social Work

*Welfare workers (eligibility workers)

*Protective service workers

*Hospital medical social workers

*School social workers

*Mental health workers

*Psychiatric social workers

*Voluntary agency social workers

*Social work school faculty

Homemakers

Lay therapists

Parent aides

Foster grandparents

Foster parents

Classroom and teacher aides

Health aides

Health and Medicine

*Hospital and Emergency Room Personnel (staff MDs/private MDs/interns/residents/ nurses/ambulance drivers/paramedics, etc.)

*Physicians (both specialists and generalists in public and private practice)

*Interns and residents

Dentists

Hospital administrators

*Registered nurses

*Licensed vocational nurses

*School nurses

*Physicians' assistants/nurse practitioners

Paramedics and midwives

*Technicians

*Public health and community health nurses

*Occupational therapists

*Physical therapists

Education

*Teachers
Elementary/Junior High
Pre-school (day care/nurseries/ kindergarten/Headstart, etc.)

*Counselors

*Coaches

*School psychologists

*Principals/assistant principals

Truant/attendance officers

School bus drivers

Bus aides

*School superintendent/deputies, etc.

*Recreation leaders

Teachers' aides

Law Enforcement

*Police (patrol officer, investigator, juvenile officers, narcotics, homocide, infanticide)

*Sheriffs and deputies

*Highway patrol/state patrols

*Military police/shore patrols

Judges/referees/commissioners (juvenile courts, domestic/family courts, criminal courts).

District attorneys/prosecutors/ county counsel/city attorneys, etc.

Guardians ad litem/law guardians

*Probation

Juvenile institutional personnel

Law students

APPENDIX E

ANNOTATED BIBLIOGRAPHY OF FILMS AND FILMSTRIPS

The following films and filmstrips are the audio-visual component of the "We Can Help.." curriculum developed by the National Center on Child Abuse and Neglect. Purchase and loan information is available from:

Department of Children and Family Services
Program Support Services
1 North Old State Capitol Plaza
Springfield, Illinois 62706
217-785-2598

UNIT 1: Introduction to the Curriculum

Working Together (film, 40 minutes)

The film consists of interviews with members of multi-disciplinary teams or councils in three different communities: San Diego, California (a coastal city); Montgomery County, Maryland (an affluent suburb of Washington, D. C.); and Salina, Kansas (the county seat of a rural midwestern county). These communities cover the range of sizes and types of communities that have developed and can develop effective multi-disciplinary approaches.

UNIT 3: Identifying the Physically Abused Child

"Physical Indicators of Abuse, Signs of Alert" - Part A (filmstrip, 13 minutes)
"Physical Abuse, What Behavior Can Tell Us" - Part B (filmstrip, 14 minutes)

The filmstrips present an overview of physical and behavioral indicators of physical abuse. Part A looks at major external and internal physical manifestations of abuse. Part B looks at child behavior and interactions between children and parents which may indicate abuse.

Abusive Parents (film, 35 minutes)

This film includes excerpts from a panel discussion by four women incarcerated at the California Institution for Women for crimes involving child abuse, followed by an interview with Elsa Ten Broeck, founder and former director of a therapeutic day care center for abused children and their families. The interview covers the social context of

abuse, personal and family dynamics that may contribute to abuse, and a generic profile of abusers.

UNIT 4: Identifying the Neglected Child

"Identifying Neglect, Before It's Too Late" (filmstrip, 12 minutes)

This filmstrip shows some typical forms of neglect and its behavioral and physical indicators. It raises the issue of child neglect as a serious problem, but one which is frequently difficult for professionals to identify--especially when it seems to involve differences among child-rearing practices in various cultural and socio-economic groups.

UNIT 6: Identifying the Sexually Abused Child

Sexual Abuse (film, 50 minutes)

This film provides an overview of intra-family sexual abuse of children: what it is, common myths, physical and behavioral indicators, family dynamics, how to conduct examinations and investigations with a minimum amount of psychological damage to the child, and different approaches to the problem among various professionals.

UNIT 8: Reporting Child Abuse and Neglect

"Issues in Reporting Child Abuse and Neglect" (filmstrip, 15 minutes)

This filmstrip dramatizes a variety of reasons child care professionals may be reluctant to report cases of suspected child abuse and neglect, followed by interviews with professionals in the child abuse field who suggest ways of minimizing this resistance and improving the system. The filmstrip also includes information on the origin, purpose and basic provisions of reporting laws.

UNIT 9: Investigating Child Abuse and Neglect

Investigating Reports of Child Abuse and Neglect (film, 35 minutes)

This film dramatizes investigations of 1) a reported incident of alleged physical abuse, and 2) a report of an unsupervised child. The film presents comments from practitioners who are responsible for investigating reports of child abuse and neglect. The discussion following the film focuses on the differing approaches to investigation of social workers and police, and how the investigations in the film might have been done differently, by

both disciplines, given different sets of circumstances during the investigation (e.g., the presence of the father during the interview in the Garrett case).

UNIT 10: Case Planning and Referral

"Case Planning and Referral" (filmstrip, 15 minutes)

This filmstrip looks at case planning from both the family's and the professional's point of view. Using a case history, it examines the major problems encountered in each part of the process--assessment, treatment planning, and case monitoring--and presents some solutions to these problems that have improved the effectiveness of agency and individual efforts.

UNIT 12: Coordinating Community Response to Child Abuse and Neglect

Working Together (film, 40 minutes)

See Unit 1

UNIT 13: Specialized Training for Social Work Professionals

The Social Worker in Court (Module 2)
Presenting the Case (film, 35 minutes)

Trainees view a film that shows a social worker testifying in a juvenile court child abuse hearing. A narrator critiques the testimony, highlighting major points. Following the film, trainees discuss examples of rules of evidence, rules of testimony, and cross examination.

UNIT 14: Specialized Training for Medical and Health Professionals

The Diagnosis of Child Abuse and Neglect (Module 1)
"Medical Indicators of Abuse and Neglect" (filmstrips, 66 minutes)

Five short filmstrips will be shown, each focusing on one of the following conditions: sexual abuse, neglect, and physical abuse as manifested by skin trauma, bone injuries, and internal injuries. Each filmstrip presents the medical indicators and special concerns to be aware of in diagnosing abuse and neglect.

UNIT 14--Specialized Training for Medical and Health Professionals

The Diagnosis of Child Abuse and Neglect (Module 1)
Part One: Skin Trauma
Part Two: Internal Injuries
Part Three: Skeletal Injuries
Part Four: Neglect
Part Five: Sexual Abuse

The Medical Interview (Module 2)
The Interview (film, 40 minutes)

This film presents an actual interview between a parent of a suspected abused child and a physician. The film demonstrates important interviewing principles for the medical interview, and outlines one approach to gathering important medical, social, and psychological information with which to conduct an assessment and treatment plan. In the discussion session after the film, the group is encouraged to review the film's content, trainee reactions to and feelings about the film, and the interview process is demonstrated.

Observing the Behaviors of Children and Parents (Module 3)
Slide Vignettes (1 hour, 35 minutes)

Six series of slides are shown, each of which suggests a story line to the viewer by means of the behaviors depicted in the slides. Trainees are asked to interpret the pictures by making up stories to accompany each set of slides. Trainees then share and compare their stories with the group, illustrating variations in interpreting behavior indicators.

The Medical Witness in Court (Module 7)
The Medical Witness (film, 35 minutes)

The film portrays a physician carrying out the various functions involved in testifying as an expert medical witness in a juvenile court child abuse case. The doctor is seen in a pre-trial interview with the county attorney assigned to present the case in court, and later as an expert witness at the adjudicatory hearing. A narrator highlights the main points made by the film's dramatizations.

UNIT 15: Specialized Training for Educators

"Child Abuse and Neglect--What the Educator Sees" (filmstrip, 15 minutes)

This film depicts physical and behavioral indicators of abuse and neglect which children are likely to display in a school setting. The filmstrip also discusses the unique vantage point that teachers and other educators have in identifying and responding to abused and neglected children. Following the filmstrip, trainees discuss physical and behavioral indicators they have encountered in their schools--what the indicators were, whether

other professionals would have been able to recognize these maltreated children, and the difficulties which the educator faces in trying to decide when to respond in such cases.

AUDIO-VISUALS CHART

Unit	Title	Type	Time
1, 12	Working Together	16mm-color	30 minutes
3	Physical Indicators: Signs of Alert	Filmstrip/sound cassette-color	13 minutes
3	Physical Abuse: What Behavior Can Tell Us	Filmstrip/sound cassette-color	14 minutes
3	Abusive Parents	16mm-color	30 minutes
4	Identifying Neglect: Before It's Too Late	Filmstrip/sound cassette-color	12 minutes
6	Sexual Abuse: The Family	16mm-color	30 minutes
8	Issues in Reporting Child Abuse and Neglect	Filmstrip/sound cassette-color	15 minutes
9, 16	Investigating Cases of Child Abuse and Neglect	16mm-color	28 minutes
10	Case Planning and Referral of Child Abuse and Neglect	Filmstrip/sound cassette-color	15 minutes
13	Presenting the Case	16mm-b/w	32 minutes
14	Medical Indicators of Child Abuse and Neglect: 1 & 2: Skin Trauma/Internal Injuries 3: Skeletal Injuries 4: Neglect 5: Sexual Abuse	Filmstrips/sound cassettes-color	 22 minutes 17 minutes 12½ minutes 15 minutes
14	Behaviors of Parent and Children (Behavioral vignettes)	Filmstrip	— —
14	The Interview	16mm-color	35 minutes
14	The Medical Witness	16mm-color	35 minutes
15	Child Abuse and Neglect: What The Educator Sees	Filmstrip/sound cassette-color	15 minutes

APPENDIX F

NORMAL CHILD DEVELOPMENT

This Material was Reproduced
from
Indicators of Neglect and Abuse

Child Protective Service Instructional
Development Project
Washington State Department of Social
and Health Services
School of Social Work
University of Washington

Infant (1-18 Months)

Passive Stage (1-3 Months):

Even newborns can visually track objects. By two weeks, they can smile, gurgle, and coo spontaneously. If the parent handles the infant in a smooth and reassuring manner, he or she will generally evoke a happy, sociable response. On the other hand, handling that is tense, hesitant, or hostile may provoke crying and fussing. A generally calm and consistent approach by the parent is important in order to establish the infant's trust.

By three months, an infant in a normally stimulating environment will reach out to bat at objects. Usually the three-month old no longer suffers from colic.

Attending Stage (4-6 Months):

During this period, infants spend a great deal of time examining objects visually. They will grasp them, manipulate them, and let go of them. Toward the end of this period, they are able to transfer objects from one hand to another. They can sit with support, and can hold their heads in the mid-line of their bodies.

Infants begin rolling over at five months. Many head injuries are caused by falls from high, flat places during this stage of development, since the infant can easily roll over and off a changing table or bed.

Most infants in the second quarter of the first year begin to respond differently to family members than they do to strangers. This shows that they are learning to recognize individuals and it marks the establishment of a family bond. Infants can now sleep through the night, which, of course, allows parents more sleep. They may cry briefly at bedtime in order to prolong social interaction, but if a definite sleeping time is established they will soon adjust to it. It is not unusual if during the first few nights of the adjustment period they cry themselves to sleep.

Explorative Stage (7-9 Months):

Infants can now sit up, crawl, and creep. They are developing a fine finger-thumb grasp and can transfer objects from one hand to another. In the process of learning to release objects, they may take delight in dropping their toys and food onto the floor. Third quarter infants can also find objects that disappear from their view.

Although somewhat messy, self-feeding with a spoon begins during these months. Infants may develop a fear of strangers, but they will often hold out their arms to be picked up by a person familiar to them. Infants will also begin to imitate adults during this period. They can babble different sounds including both vowels and consonants, and may be able to say "mama" or "dadda".

Teeth begin erupting, which may make the infant extremely irritable. As natural antibodies wear off, infants become more susceptible to colds and may develop high fevers that require medical attention.

Active Stage (10-12 Months):

By this stage infants are active. They learn to pull to stand, stand alone, walk sideways, and walk holding on. By the end of this period, children may be able to walk alone. If there are stairs in the home, precautions need to be taken to keep the infant from falling.

Fourth quarter infants can throw toys or other objects. They can cooperate in being dressed by holding out their arms for sleeves.

Walking Stage (13-18 months):

Walking babies explore the space around them by crawling over, under, and into objects. They can drink from a glass using two hands. Their dexterity improves so that they can pile one block on top of another and can imitate drawing strokes with a pencil or crayon. They can wave "bye-bye" and say several words.

The Toddler (15-30 Months)

Motor Development:

Walking begins around the age of 13 months. The toddler's balance gradually improves so that by two years he or she walks well and rarely falls. Children of this age can run and stop without losing their balance and can pick up objects from the floor without falling. By two and a half, they can walk backwards and up and down stairs holding on to the railing.

Toddlers spend much of their time practicing motor skills such as running, and exploring

space by climbing in and out of areas such as small cupboards. Parents may frequently become exhausted and frustrated trying to keep up with a toddler and to keep him or her out of danger.

Social or Self-Help Development:

During the toddler stage, children learn to feed themselves with a spoon and to drink from a cup. They can remove their clothes, although they can't yet dress themselves.

During these months, toddlers are becoming aware of themselves as separate persons. They are increasing their mastery of their bodies, their ability to handle objects, and language. In their efforts to be independent, they begin to refuse parental orders of help, although these refusals alternate with periods of dependency and clinging. Because the child is often negative during his struggle between independence and dependency, the period has been given the name "the terrible twos."

Cognitive Development:

Toddlers use play as their means of exploring themselves and their environment. It is the device whereby they develop their senses, physical skills, and social interaction. All of these endeavors are basic to the process of developing intelligence.

Toddlers begin learning their place in the family and society through dramatic play. They imitate a parent by helping with household chores.

They use their senses to explore the material world of water, mud, and food. They also use them as a source of pleasure in swinging, rocking, and humming. Physical skills are developed by constant practice as the child carries, drops, throws, and stacks blocks. The toddler learns about practical, causal relationships by turning lights, faucets, or TV on and off.

Language Development:

Language develops first from a spontaneous babbling of nonsense to a jargon of sounds that mimic language. Next, one-word expressions composed of nouns or verbs ("doggie" or "go") precede two-word sentences ("daddy go"). Complete language acquisition is finally achieved through the gradual process of informal interaction with parents and others with whom the child comes into contact. Since verbal interaction is vital to the development of language, the child from a family that is less verbal or talks less with the child is frequently slower to acquire language.

The Pre-Schooler ($2\frac{1}{2}$-5 Years)

Motor Development:

Pre-school children are smoother, more confident, and more agile in movement than are toddlers. They frequently seem to be in constant motion. Three-year olds can walk up and down stairs, one stair at a time, and can hop or momentarily balance on one foot.

By four, children can jump with both feet off the ground, skip or hop on one foot, and walk up and down stairs alternating feet.

Five-year olds can skip alternating feet, play hopscotch, jump over low obstacles, and scale ladders and jungle gyms.

Pre-school children show increased skill in performing tasks with materials, such as building structures out of blocks; shaping objects using scissors, saw and hammer; and using paints, crayons or pencils to draw. By four, children can draw a recognizable person (head and one part). By five, the drawing may include trunk and arms or legs.

Social Development

In the pre-school years, children become increasingly independent of their parents. By the age of five, they can dress, fix simple snacks (such as cereal or a sandwich), and answer the telephone. Simultaneously, however, they may develop fears. These can be real dangers or of such things as the unknown, the dark or death.

Much of the child's time is spent in play. This progresses from individual play (solitary) to playing alongside another child (parallel), to finally participatation in group play or cooperative projects. As pre-schoolers become aware of themselves, their bodies, and of other children as people, communication begins. This may take the form of showing empathy, or of physical or verbal aggression.

Play includes acting out different adult roles (mother, bus driver, and so forth). The children may, likewise, copy adult styles of interaction. Pre-schoolers often want to make a game of everything they do, including dressing, eating, and going to bed. This tendency may at times annoy parents who have other demands on their time.

Cognitive Development

Differences in social environment begin to exert an influence on the child's intellectual development during the pre-school years. Culturally enriched and stimulated children may become involved in activities such as observing insects or birds, looking at books, or being read to. They learn to recognize and match shapes and colors.

By four such children will perform better than will deprived children such tasks as copying geometric forms and letters, drawing a person, and naming colors and body parts.

Language Development:

Language skills expand rapidly between $2\frac{1}{2}$ and five. By four, children use language for its own sake and may carry on long, somewhat nonsensical, group conversations. Pre-schoolers may use four-letter words or "toilet talk" for shock value, without knowing the meaning of the words.

By five, children can carry on a conversation and narrate a story, although these may be rambling, ungrammatical, and, at times, difficult to understand. At this age, the child begins to express feelings and awareness of self. As was the case with cognitive development, pre-schoolers from culturally deprived homes tend to demonstrate fewer language skills than do children of the same age from culturally enriched environments.

The School-Age Child (6-12+ Years)

Motor Development:

School years are a time for the acquisition and practice of many major and minor motor skills. These will vary, of course, according to a child's cultural and climatic environment. Some common popular activities include jumping rope, riding a bicycle, swimming, diving, and playing ball games. School children may take skill lessons and participate in organized sports or competitive games.

Social Development:

The school-age child has an awareness of himself as an individual apart from family and parents. He or she may choose to become part of a "gang" and establish an identity as a group member. Such groups often become a society entirely separate from the society of the adult world. The gang establishes its own group codes, rules of conduct, rhymes and riddles, and frequently its own territory.

Between the ages of six and twelve, girls and boys tend to form separate groups and have little contact with one another. They may, however, develop curiosity about sex and tell jokes or stories of a sexual nature. Sex role interests and differences begin to develop at this time.

At home, school-age children may at times be sassy and rebellious. Bickering and fighting with siblings is not uncommon. However, at other times, they may cooperate in home activities and do chores, such as cleaning their rooms and shopping, or they may do odd jobs for pay. Children in this age group are quite independent. Even in the early school years they can bathe independently, choose appropriate clothing, prepare simple foods, and use public transportation.

Cognitive Development:

During the school years, children develop an interest in the world at large, in how things are made and how they work. They begin to learn principles, as in math, and develop an awareness of causality. They learn to define and classify objects on the basis of their similarily to other objects. They become increasingly objective and want to obtain new information and learn new skills.

Learning may, of course, be thwarted by many factors. Hindrances to learning include lack of family encouragement and physical factors such as insufficient food and sleep.

Language Development:

Children of school age can define words in context. They experiment with language and enjoy the use of puns and riddles.

Reading and writing skills are developing extensively. By seven years, children can repeat television shows or story plots in detail. By eight, they can sing popular songs, and by nine they can write and mail a simple letter.

The Adolescent

Adolescence differs from the earlier stages of growth in that during these years the characteristics of development are less easily defined and categories need to be reordered with increasing emphasis on sexual development.

Adolescents are preparing themselves to take part in the adult world and are largely concerned with the development of their personal, sexual and social identities.

It should be remembered that development during adolescense is strongly affected by the cultural framework within which it occurs. Patterns may vary widely among social classes or between rural and urban settings.

Physical and Sexual Development:

A number of physiological changes begin to occur in the pubescent period (the two years prior to puberty). These include:

A spurt of physical growth.
Changes in facial and body proportions.
Change in voice quality.
Maturing of the primary and secondary sex traits.

Growth of hair on the face, under the arms, and in the pubic area are among the emerging

secondary sex characteristics. There is increased musculature in boys and a more rounded appearance in girls as their breasts and hips become larger. These changes, associated with puberty, indicate to both the young person's peers and to adults that he or she is reaching sexual maturity.

The establishment of sexual identity coincides with physical sexual changes. The sexual identity of young adolescents is uncertain and most of their interaction with the opposite sex is group based.

In later adolescence, pairing off and sexual experimentation increases. As older adolescents approach adulthood, sexual identity becomes more comfortably established and permanent pairing may take place.

Psychological Development:

The adolescent period is also a time for maturation as an individual. During the so-called "search for identity," young persons may frequently ask:

"Who am I?"
"What do I believe?"
"What do I want to accomplish in life?"

They will frequently try out a variety of personalities and roles. They may also attempt to match their skills and interests with available occupational and social opportunities on the adult level.

Social Development:

Social relationships with peers assume paramount importance in the lives of adolescents. The young persons typically spend more and more time with their friends, and, correspondingly, less with the family. Such adolescent interaction tends to occur in groups which are formed around common interests and activities, however vague these sometimes appear to adults. They might include "hanging out" or "driving around."

Adolescents frequently strive to conform to a group as a way of coping with their emerging, and often shaky, individuality. In the group they are able to test out their developing self-image by comparing it to the way in which others appear to see them. Adolescents also seek to enhance their social skills and popularity in order to increase their status. This status may lead to dating and eventual mating, which, in turn, further bolsters the much-needed status. During adolescence, pressures to conform and impress peers may lead to sexual promiscuity or even violence if the individual is too unsure of himself to counter group opinion.

School may be seen by the adolescent as a place to socialize and to gain short-term vocational skills rather than as a place to gain the less defined, formal education that is the goal of many parents.

It is clear that family relationships may become strained during adolescence, as the young person turns, increasingly, to peers for support and approval. Time spent at home may be minimal, and cooperation in household upkeep may be reduced to few chores, grudgingly performed.

CHILD DEVELOPMENT

AGE	GROSS MOTOR				FINE MOTOR	SENSORY		SOCIAL	LANGUAGE
	Prone	Supine	Sit	Stand		Vision	Hearing		
Passive									
0-3 mos.	Body flexed	Head to side	Head lowered Needs support	Reflex	Reflex grasp	Follows object (180o)	Turns head Startles at loud noise	Regards face, smiles responsively	Makes small throaty noises
Observing Attending									
4-6 mos.	Head pushed up on arms	Hands and head to midline	Needs support Head upright	Stands if held	Voluntary grasp Hands to midline		Locates sound to side	Smiles spontaneously	Early babbling (coos and chuckles)
Exploring									
7-9 mos.		Comes to sit independently	Sits steadily for 10 min.	Stands at furniture if put there	Transfers object hand to hand			Plays peek-aboo Initially shy with strangers	Mama-dada Non-specific vowel sounds
Active									
10-12 mos.	Creeps		Sits erect indefinitely	"Cruises," i.e., walks sideways holding on	Throws objects, can pinch finger-thumb			Drinks from cup Indicates wants without crying	Mama, dada and one other word used correctly Waves bye-bye

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CHILD DEVELOPMENT

(continued)

AGE	GROSS MOTOR	FINE MOTOR	SELF-HELP/SOCIAL	LANGUAGE
13-18 mos.	1) walks well, rarely falls	1) unwraps objects, i.e., candy, gum	1) drinks from cup	1) follows simple verbal directions, show-go, get-come, etc.
	2) runs stiff-legged	2) turns pages of book (2-3 at once)	2) uses spoon, spilling little	2) uses pronouns--me, mine, you
	3) walks upstairs if holds onto rail or hand	3) scribbles spontaneously	3) removes shoes/socks without help	3) names common objects (5)
	4) climbs into adult chair		4) interested in toys/games other children like	4) imitates speech sounds
2 years 19-24 mos.	1) runs and stops, and still maintains balance	1) builds tower of 6-7 cubes	1) helps in simple household tasks	1) uses two words together, i.e., "me go"
	2) picks up object off floor without falling	2) copies straight line with pencil, crayon, etc.	2) takes off coat (not unzip or unbutton)	2) indicates wants "more" through words/gestures
	3) walks up and down stairs holding onto rail		3) shows interest in exploring new places	3) points to picture in book can name common object if asked—dog, baby, etc.
	4) throws object in a direction			
3 years 25-36 mos.	1) jumps off bottom step	1) uses scissors to cut cloth/ paper	1) puts on coat (can't fasten), shoes	1) gives first and last name
	2) can hop on one foot for 4 ft. or maintain momentary balance on one foot		2) undoes large buttons, zippers, etc.	2) tells own sex correctly
	3) walks up and down stairs one foot on each stair		3) feeds self using fork, glass	3) uses plurals
			4) dresses with supervision	4) understands concept of "3" well enough to pick up 3 objects
4 years 37-48 mos.	1) jumps—both feet off ground	1) copies 0	1) buttons up/dresses without supervision	1) can tell how old—speaking/ holding up fingers
	2) skips one foot	2) copies +	2) separates easily from mother	2) recognises colors 2-3
	3) balances on one foot for 4-8 seconds	3) draws recognizable person (head and one other part)	3) plays in own neighborhood	3) tells penny from nickel
	4) hops on one foot for 10 ft.		4) fixes own cereal	4) can buy something in store
	5) catches ball 50% time from nearby (5 feet)			

CHILD DEVELOPMENT

(continued)

AGE	GROSS MOTOR	FINE MOTOR	SELF-HELP/SOCIAL	LANGUAGE
5 years	1) skips—alternating feet 2) jumps rope or over low obstacles 3) plays hop-scotch (skilled hopping)	1) ties own shoes 2) spreads with knife 3) draws a person (trunk and arms/legs) 4) draws triangle	1) fixes simple sandwich 2) answers telephone 3) plays with group of peers—own sex	1) prints first name 2) asks what word means 3) tells simple story
6 years	1) skips rope	1) cuts out magazine pictures accurately 2) uses knife correctly for cutting	1) brushes/combs own hair 2) often does household chores 3) plays games—can take turns, follows rules	1) recognizes five written words and shows understanding of what they mean 2) uses a telephone correctly, i.e., dials number
7 years	1) picks up and carries light chair		1) washes self acceptably, i.e., bath-shower	1) reads aloud a simple story—understandable to others 2) tells part of story on TV show in detail
8 years	1) winks one eye at a time		1) usually chooses what to wear—dresses appropriately for weather 2) has two jobs connected with care of room or clothes	1) sings or recites popular songs 2) can rhyme with simple words
9 years	1) rides bicycle on street 2) competes successfully with with other children in games		1) child shops for group of items—manages money 2) prepares simple foods without help—i.e., eggs, soup, jello 3) child often prefers to be with own friends	1) can write and mail letter without help 2) listen to and understands non-musical radio programs
10 years	1) competes successfully in games with other 10-11-year-old children		1) is able to go around town without adult supervision—use public transportation 2) does odd jobs for which has received pay 3) has best friend	

APPENDIX G

PROJECT FORMS

Trainee Information Sheet

1. What is your profession?

Educational administrator _____
Teacher _____
Counselor _____

Judge _____
Lawyer _____
Police officer _____

Social worker _____
Psychologist _____

Physician _____
Dentist _____
Nurse _____

Other (Please Specify) _____
_____

2. For how many years have you practiced your profession?

1 year or less _____
2 - 5 years _____
6 - 10 years _____
10 - 20 years _____
More than 20 years _____

3. With what agency or organization are you primarily affiliated? (Check appropriate box to indicate type of agency or organization).

Agency	State Govt.	County Govt.	City or Local Government	Private
Social services dept.				
Police department				
Hospital				
College or university				
School system				
District attorney				
Public defender				
Courts				
Self-employed				
Other (please specify)				

4. What is the approximate number of cases of child abuse and neglect with which you have been substantially involved as part of your job during the last year?

None (Go to Question 6) _____
Under 10 _____
10 - 20 _____
21 - 50 _____
51 - 100 _____
Over 100 _____

5. What do your specific job responsibilities include with respect to cases of child abuse and neglect? (Check as many as apply. Beneath this question are brief definitions of the first four activities).

Identification _____
Reporting _____
Referral _____
Case Management _____
Treatment _____
Providing court testimony _____
Other (please specify) _____
No specific responsibilities in any of the above areas _____

DEFINITION OF ACTIVITIES

Identification means finding and recognizing cases of child abuse and neglect after they have occurred.

Reporting means bringing to official attention cases of child abuse and neglect that have been identified.

Referral means linking families involved in child abuse and neglect with the resources they need.

Case Management means maintaining an on-going involvement with cases of child abuse and neglect throughout the duration of treatment.

6. In the first two columns of the following table, please check the type(s) of training you have received previously that was specifically designed to improve your understanding and/or skills related to cases of child abuse and neglect. (Check the appropriate box on each line). In the last five columns of the table, indicate what topic areas were covered in the training you received. (Place checks in the last five columns only for those types of training checked in the first two columns. If you have never received specific training previously, there should be no checks in the last five columns).

TYPE OF TRAINING	(1) Yes	(2) No	TOPIC AREAS INCLUDED (3) Identification	(4) Reporting	(5) Referral	(6) Case Management	(7) Treatment
Formal college or univ. course							
Formal training course offered by employer							
On-the-job training							
Employer sponsored seminar or conference							
Non-work affiliated seminar or conference							
Other (please specify) _____							

Child Abuse and Neglect Training Project Evaluation

1. How would you evaluate the way the training you received was put together? Would you say it was excellent, good, fair, or poor?

   (1)_____Excellent
   (2)_____Good
   (3)_____Fair
   (4)_____Poor

2. Do you feel the trainer(s) understood the problems related to child abuse and neglect which you deal with on a day-to-day basis?

   (1)_____Yes (2)_____No

3. To what extent do you feel the trainer(s) were interested in seeing you learn the content of the curriculum?

   (1)_____Very interested
   (2)_____Somewhat interested
   (3)_____Not too interested

4. Were the training facilities used conducive to getting the material across?

   (1)_____Yes (2)_____No (If No, go to Question 6)

5. What was good about the facilities?_____
   _____
   _____

6. What should have been different?_____
   _____
   _____

7. In your opinion, was the training too long, too short, or about right in length?

   (1)_____Too long
   (2)_____Too short
   (3)_____About right

8. Was the level of the training too advanced, too elementary, or about right?

   (1)_____Too advanced
   (2)_____Too elementary
   (3)_____About right

9. How would you assess your opportunities for informal interaction with the trainer(s) and with other trainees? Would you say there were not enough of such chances, that

there were too many, or that the number of chances was about right?

Chances for informal contact with trainers	Chances for informal contact with other trainees
(1)_____Not enough	(1)_____Not enough
(2)_____Too many	(2)_____Too many
(3)_____About right	(3)_____About right

10. How would you evaluate the training materials used? (Place an X anywhere along each of the following two scales).

Very difficult to understand _____ Very easy to understand
1 2 3 4 5

11. Extremely relevant to issues of child abuse and neglect _____ No relevance to issues of child abuse and neglect
1 2 3 4 5

12. How would you evaluate the trainer(s)? (Place an X anywhere along each of the following three scales).

Appeared very competent in their fields, appeared to have the background and experience to deal with child abuse and neglect issues. _____ Did not appear very competent in their fields, did not appear to have the background and experience to deal with child abuse and neglect issues.
1 2 3 4 5

13. Very difficult to understand _____ Very easy to understand
1 2 3 4 5

14. Dealt fully and adequately with specific areas of requested assistance and with problems and issues raised for consideration and discussion. _____ Did not deal fully and adequately with specific areas of requested assistance and with problems and issues raised for consideration and discussion.
1 2 3 4 5

15. Did the training include information or materials that you found especially valuable?

(1)_____Yes (2)_____No (If No, go to Question 18)

16. What information or materials?_____

_____

_____

17. Why was it valuable?_____

_____

_____

18. Did the training omit information or materials that you believe should have been included?

(1)_____Yes (2)_____No (If No, go to Question 20)

19. What information or materials?_____

_____

_____

20. Would you recommend the use of the material included in this training curriculum?

(1)_____Yes (2)_____No (If No, go to Question 25)

21. Who should use the material?_____

_____

_____

22. How should the material be used?_____

_____

_____

23. Would you advise any cautions on using the material?

(1)_____Yes (2)_____No (If No, go to Question 25)

24. What cautions would you advise?_____

_____

_____

25. Are there any changes in the format or content of the training curriculum that would improve it? How could the training curriculum be revised by NCCAN so that it would be more useful to you or your organization?_____

_____

_____

26. Do you have any other comments or observations about any aspect of the training materials or the training itself? If so, please provide them on the space below:

_____

_____

_____

27. If the training course you attended should be offered again, would you recommend it to one of your colleagues?

(1)_____Yes (2)_____No (3)_____Don't know, not sure can't say

28. Assuming the cost of the training was about the same as similar training programs with which you're familiar, would you advise one of your colleagues to pay for this training?

(1)_____Yes (2)_____No